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(14)

LOS ANGELES OFFICE  
WASHINGTON BUILDING  
311 SOUTH SPRING STREET  
(13)

SAN FRANCISCO OFFICE  
DAVID HEWES BUILDING  
995 MARKET STREET  
(3)

Earl Warren  
Governor

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES M. WOLLENBERG  
DIRECTOR

SOCIAL WELFARE BOARD  
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1680 NORTH VINE STREET  
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2816 OAK KNOLL TERRACE  
BERKELEY

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

IN REPLY PLEASE REFER  
TO:

Dear Mr. Jordan:

Attached are three copies of regulations, currently effective,  
made by the State Department of Social Welfare.

These regulations are filed in accordance with Article 21 of  
Chapter 3 of Title 1 of Part 3 of the Political Code as  
amended by Chapter 628, Statutes of 1941.

Very sincerely yours,

*Charles M. Wollenberg*  
CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

Encl.  
b65

RECEIVED  
SACRAMENTO, CALIF.

1945 APR 24 PM 3 02

FRANK M. JORDAN  
SECRETARY OF STATE  
STATE OF CALIFORNIA

MAIN OFFICE  
616 K Street  
Sacramento

LOS ANGELES OFFICE  
Washington Building  
311 South Spring Street

SAN FRANCISCO OFFICE  
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995 Market Street

Earl Warren  
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
April 18, 1945

**FILED**  
In the office of the Secretary of State  
of the State of California

APR 24 1945

FRANK M. JORDAN, Secretary of State

By *[Signature]*  
Deputy

**1299**

**MANUAL LETTER NO. 75**

The attached manual revisions are to be entered in your copy of the Manual of Policies and Procedures and the revision numbers cancelled on the separators for the revised chapters. Revision numbers are listed for the three chapters as follows:

Investigation and Decision	Revision 89 replaces Rev. 53;
	Revision 90 replaces Rev. 61
Continuing Services	Revisions <u>53</u> and <u>54</u>
Statistical procedure	New material issued
Blindness	Separator
Investigation and Decision	Separator
Special Services	Separator

These revisions were approved by the Social Welfare Board on March 22, 1945.

Sec. 565-00, Instructions for Preparation of Monthly Report of Reinvestigations, is a new section. It provides a statistical reporting procedure for reinvestigations which replaces the former procedure of reporting the investigations on Form Ag, Bl, CA 208 (List Certificate of Reinvestigation of Eligibility). The report for June 1945 is the first report to be submitted under the new statistical reporting plan and it is due to be received by the SDSW not later than July 18, 1945. Subsequent reports are due to be received not later than the 18th of the month following that for which the report is made.

The new Form DPA 10 (Monthly Statistical Report on Public Assistance Reinvestigations) is shown in Sec. 569-99, attached to this letter. Initial supplies of Form DPA 10 are being mailed to the counties under separate cover. Additional supplies are available free of charge from the SDSW.

Since Form Ag, Bl, CA 208 are now obsoleted, these forms which are shown in Sec. 353-99 should be marked "obsolete". Reporting to the SDSW of reinvestigations on Form Ag, Bl, CA 208 may be discontinued immediately in order that attention may be given to the new statistical reporting plan.

Sec. 351-30 has been revised merely to eliminate reference to the former List Certificate of Reinvestigation of Eligibility. Sec. 352-25 has also been revised to bring it into line with the statistical reporting procedure for reinvestigations. Note that this section now defines the date reinvestigation was completed as the date the county worker signed the reverse of the completed Form Ag, Bl, CA 206 (Recipient's Affirmation of Eligibility).



Note that Form GR 237 has been moved from the page following Sec. 563-60 to Sec. 569-99. Thus, the page in Sec. ~~569-99~~ on which Forms GR 237 and DPA 10 have been reproduced should be inserted to follow Forms Ag, B1, CA 237.

STATEMENTS CONTAINED IN THE MANUAL TAKE PRECEDENCE  
OVER SAME MATERIAL PREVIOUSLY RELEASED IN BULLETINS

**REVISION RECORD**

*Revisions issued in changing this chapter will be numbered in sequence. Changes made will be indicated by a vertical line in the margin of the corrected page, against the line or lines changed.*

*IT IS IMPORTANT that the holder of this Manual check the numbers below, corresponding with the number of the revisions when the latter have been incorporated in the Manual and the old pages removed, and that the State Department of Social Welfare be promptly notified in the event a number is passed without receipt of the corresponding numbered sheet.*

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250-99 (Continued)

250-99

FORM BL 202

FORM BL 202, REVISED AUGUST, 1944  
STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFAREDIVISION FOR THE BLIND  
REPORT OF INVESTIGATIONAPPLICANT'S NAME Richard Roe ADDRESS 819 Laurel St, Sacramento  
AGE 38 IF APPLICANT IS UNDER 21 YEARS OF AGE, HOW WAS AGE VERIFIED?BLINDNESS:  
HAS APPLICANT HAD EYE EXAMINATION? yes DATE OF LATEST PHYSICIAN'S REPORT, FORM BL 227, ON FILE 8/16/44RESIDENCE:  
DATE LAST CAME TO CALIFORNIA 4/5/22 DATE LAST CAME TO COUNTY 6/8/40 TOTAL NO. YEARS RESIDENCE IN CALIF. 22yrs.  
RESIDENCE DURING PAST TEN YEARS:

COUNTY	YEARS	FROM	TO	COUNTY	YEARS	FROM	TO
SF	18	4/5/22	6/8/40				
Sac.	4	6/8/40	present				

HAVE AFFIDAVITS OF RESIDENCE BY TWO REPUTABLE CITIZENS BEEN SECURED ON FORM BL 221? YesINSTITUTIONAL INMATES:  
IS APPLICANT AN INMATE OF A PUBLIC INSTITUTION? No WILL PROBABLY LEAVE ON \_\_\_\_\_  
IS APPLICANT AN INMATE OF A PRIVATE INSTITUTION WHERE INELIGIBLE TO AID? No  
NAME AND ADDRESS OF INSTITUTION \_\_\_\_\_  
IS APPLICANT AN INMATE OF A PRIVATE INSTITUTION WHERE ELIGIBLE TO AID? No  
NAME AND ADDRESS OF INSTITUTION \_\_\_\_\_  
CONDITIONS OF ADMISSION \_\_\_\_\_TRANSFER OF PROPERTY:  
HAS APPLICANT MADE A RECENT TRANSFER OF REAL OR PERSONAL PROPERTY TO QUALIFY FOR AID? Yes ☐ DATE: \_\_\_\_\_  
IF SO, EXPLAIN: \_\_\_\_\_

REAL PROPERTY: (FILL IN INFORMATION FOR EACH PIECE OF PROPERTY IN WHICH APPLICANT HAS AN INTEREST EITHER SEPARATELY OR JOINTLY WITH SPOUSE OR OTHERS. IT IS ASSUMED THAT THE APPLICANT HAS A COMMUNITY INTEREST IN SPOUSE'S PROPERTY UNLESS FACTS ESTABLISH SUCH PROPERTY AS SEPARATE.)

LOCATION	HOME	OTHER THAN HOME	OTHER THAN HOME
	<u>819 Laurel St. Sac.</u>	<u>None</u>	
COUNTY ASSESSED VALUE	<u>\$2200.00</u>		
ENCUMBRANCES	<u>500.00</u>		
MONTHLY PAYMENTS	<u>16.00</u>		
MONTHLY TAXES AND/OR ASSESSMENTS	<u>8.00</u>		
GROSS INCOME	<u>None</u>		
VALUE OF OCCUPANCY AND/OR NET INCOME	<u>None</u>		
DATE ABOVE INFORMATION SECURED	<u>8/9/44</u>		
FROM WHAT SOURCES?	<u>Property search; Bank; Applicant</u>		

PERSONAL PROPERTY: (IT IS ASSUMED THAT THE APPLICANT HAS A COMMUNITY INTEREST IN SPOUSE'S PERSONAL PROPERTY UNLESS FACTS ESTABLISH SUCH PROPERTY AS SEPARATE.)

DESCRIPTION	COUNTY ASSESSED VALUE IF ASSESSABLE	MARKET VALUE IF NOT ASSESSABLE	AMOUNT OF ENCUMBRANCES
OWNED BY APPLICANT ( <u>Savings Acct. #6283451</u> )		<u>\$200</u>	<u>None</u>
AS SEPARATE PROPERTY ( <u>Furniture</u> )		<u>150</u>	<u>None</u>
OWNED JOINTLY BY APPLICANT AND SPOUSE (COMMUNITY) ( <u>Savings Acct. #259061</u> )		<u>125</u>	<u>None</u>

DATE ABOVE INFORMATION SECURED 8/9/44 Bank statement and Co. assessor's record

FROM WHAT SOURCES? \_\_\_\_\_

INSURANCE: ON THE LIFE OF APPLICANT ON THE LIFE OF APPLICANT ON THE LIFE OF SPOUSE ON THE LIFE OF SPOUSE

NAME OF COMPANY Metropolitan NonePOLICY NUMBER 359408DATE OF POLICY 4/9/29FACE VALUE AT MATURITY \$1000CASH SURRENDER VALUE \$310LOAN AGAINST POLICY 300MONTHLY PREMIUM \$4.50PREMIUM PAID BY WHOM ApplicantNAME OF BENEFICIARY SpouseDATE ABOVE INFORMATION SECURED 8/10/44FROM WHAT SOURCES? Letter from Metropolitan Insurance Company, in county file.

(Section continued on next page)



250-99 (Continued)

250-99

FORM BL 201 (Reverse)

## Eligibility Requirements

- E. Has need in excess of \$50 per month in the amount of (ANB only) . . . . . \$7.00
8. Responsible Relatives  
Is receiving adequate support from legally responsible relatives . . . . . No  
Yes or No
9. Rehabilitation  
A. Has a plan for self-support . . . . . No  
Yes or No  
B. Type of training . . . . .  
C. Is engaged in an enterprise from which self-support is expected to be achieved . . . . . No  
Yes or No  
D. Type of enterprise . . . . .

## 10. Certification and Recommendation

I CERTIFY That the above facts have been verified by investigation, that complete supporting evidence is on file in the county office, is open to inspection by duly authorized State and Federal representatives, and that to the best of my knowledge and belief the above-named applicant:

- A. Meets the necessary requirements and qualifies for ☒ Aid to the Needy Blind  
☐ Aid to Partially Self-Supporting Blind Residents  
under the existing law, and my recommendation is that aid be granted in the amount of \$47.00
- B. Fails to meet the necessary requirements to qualify for ☐ Aid to the Needy Blind  
☐ Aid to Partially Self-Supporting Blind Residents  
under the existing law, and my recommendation is that aid be denied for the following reason: \_\_\_\_\_

11. Jane Brown 9/8/44  
SIGNATURE OF COUNTY WORKER DATE

12. Alice White 9/8/44  
SIGNATURE OF COUNTY CASE SUPERVISOR OR COUNTY DIRECTOR DATE

13. Approved by the Board of Supervisors of Sacramento County, this 13th day of September 1944  
for Blind Aid in the amount of \$ 47.00, aid to begin on the first day of September 1944

14. Denied by the Board of Supervisors of \_\_\_\_\_ County, this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

15. Ellen Morris  
SIGNATURE OF COUNTY CLERK OR DEPUTY

Send original or certified copy to State Department of Social Welfare, Sacramento, accompanied by Forms BL 200, 227, 230 (and Forms BL 25, 221 and 204 when required)

STATE NUMBER	BL
New	Replication
Cross Reference	Transfer
COUNTY: Complete This Information	
County Sacramento	County No. 824658
Applicant William Anthony Burns	
(FULL NAME)	
Guardian (if any)	
RESERVE THIS SPACE FOR STATE	
DATE	TOTAL
	REASON FOR CHANGE
Aid to begin	
Amount \$	
DATE	
SIGNATURE OF REVIEWER	
SIGNATURE OF AUDIT CLERK	DATE

(Section Continued on Next Page)

250-99 (Continued)

250-99

FORM BL 221

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

Sacramento

County

00000

County No.

John Jones

Name of Applicant

### AFFIDAVIT REGARDING RESIDENCE OF APPLICANT FOR AID TO THE BLIND

**Please Read Before Making Affidavit**

1. Section 3006, Chapter 1, Division 5, and Section 3405, Chapter 3, Division 5, Welfare and Institutions Code, provides:

"Any person who, in order to secure for himself or another the aid provided in this chapter makes a false statement under oath, shall be deemed guilty of perjury. \* \* \*

THIS IS TO CERTIFY, That I, William James, a citizen  
of the State of California, living at 1000 10th Street, Sacramento,  
Street and number City

County of Sacramento, have known John Jones,  
Name of Applicant

an applicant for Aid to the Blind, for 12 years, and know that he/she has been a continuous resident  
Number of years  
of the State of California for 12 years, from the year 1932 to the year 1944, and of  
Number of years

Sacramento County for 10 years immediately preceding  
Length of time  
the filing of application. I have personal knowledge of the applicant's residence for the following reasons:

Mr. Jones has been a neighbor and friend of mine since he first came to  
California in 1932. I have seen him almost daily for the past 12 years.

[SIGNATURE OF AFFIANT]

William James

Subscribed and sworn to before me this 5th day of September 19 44.

Name Mary Scott Title Deputy County Clerk  
Signature of person qualified to acknowledge an affidavit

Section 4295, Political Code, as amended by 1939 Legislature provides, in part:

(5) "Whenever the oath of an affiant or the affidavit of a person is necessary in order that a person may obtain charity or relief from any agency or department of the United States Government, the State of California, or any political subdivision thereof, no fee shall be charged for the taking of such oath."

FORM BL 221 (revised)—July, 1944

(Section continued on next page)



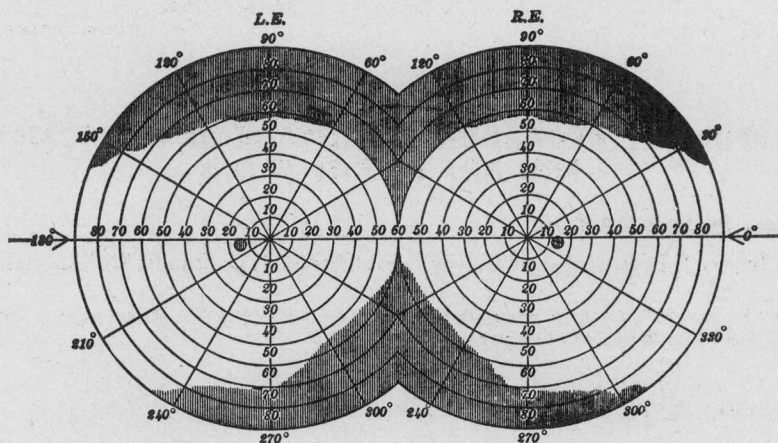
250-99 (Continued)

250-99

FORM BL 227 (Reverse)

14. **PERIPHERAL VISION**—To be recorded in all cases where central vision is greater than 20/200. To be done on a standard perimeter with a radius of 13 inches and a white test object 6 mm. in diameter. The test object should be of such size that it subtends an angle of approximately one degree.

### RECORD OF VISUAL FIELDS



15. Prognosis (Is there any likelihood that vision could be restored by operation or treatment?)  
unfavorable
16. Recommendations—Primary eye condition none
17. Recommendations—Etiological condition none
18. When should applicant be reexamined? not necessary as present condition is permanent
19. Has Wassermann examination been made? no Results

REMARKS:

STATE OF CALIFORNIA

COUNTY OF Sacramento

} ss.

THIS IS TO CERTIFY, That I am a duly licensed and practicing physician skilled in diseases of the eyes; that on the 14th day of September 1944, I examined the applicant named in this report; and that this is a true and accurate description of the condition of applicant's eyes, and of the degree of impairment of vision.

Subscribed and sworn to before me this 14th day

of September 1944

Name May Jones

Signature of County Clerk or person qualified

Title Dep. to. Elk

[SIGNATURE OF  
EYE PHYSICIAN]

[SIGNATURE OF  
EYE PHYSICIAN] Charles Carson M.D.

Address. 444-3rd ave.

Section 4295, Political Code, as amended by 1939 Legislature provides, in part: (5) "Whenever the oath of an affiant or the affidavit of a person is necessary in order that a person may obtain charity or relief from any agency or department of the United States Government, the State of California, or any political subdivision thereof, no fee shall be charged for the taking of such oath."

I HEREBY CERTIFY, That I have reviewed the foregoing report of eye examination and find that the facts contained therein show the visual impairment of the person named in this report to come within the definition of blindness as adopted for use in California in the administration of the Aid to the Blind Laws.

Date \_\_\_\_\_

**State Ophthalmologist**

(Section Continued on Next Page)

**351-30 REINVESTIGATION OF RELATIVES****351-30****OAS, ANB, APSB, ANC**

The ability of responsible relatives to assist shall be redetermined in accordance with the requirements of the respective category of aid. Reinvestigation of a recipient's eligibility shall not be held to be incomplete pending receipt of requested information from responsible relatives regarding their contributions if information secured from the recipient or other sources indicates the amount of the relative's contribution or that the relative is not assisting. (SEE CHAPTER 170-00, RELATIVES.) (W&IC 1560, 2140, 2181, 2181.01, 2184, 2224, 3075, 3088, 3460, 3474)

In OAS, ANB, and APSB efforts made or procedures followed to secure support from responsible relatives who have the pecuniary ability to assist, according to the requirements of the respective category of aid, shall be recorded in the case history or on the reverse of Affirmation of Eligibility (FOM AG, BL 206) (W&IC 1560, 2140, 3075, 3460)

**351-35 REINVESTIGATION OF LIVING ARRANGEMENTS****351-35****OAS, ANB, APSB, ANC**

The present living arrangements shall be verified. (SEE SEC. 351-12, HOME VISIT DURING REINVESTIGATION.)

If, in OAS, a recipient has been in a hospital or institution since the last investigation, the case record shall contain a detailed statement giving the name and type of institution, dates of admission and of discharge, and a statement as to the eligibility of the recipient for aid during this period. (SEE CHAPTER 160-00, INSTITUTION INMATES.) (W&IC 2140, 2184)

When an ANB or APSB recipient has been in a hospital or institution since the last investigation, his eligibility to receive aid while an inmate shall be determined during the reinvestigation if it was not determined prior to his release. (SEE CHAPTER 160-00.) (W&IC 3075, 3460)

In ANC the living plan for each child shall be verified. (W&IC 1511, 1560)

**351-40 REDETERMINATION OF AMOUNT OF AID****351-40****OAS, ANB, APSB, ANC**

The amount of aid shall be determined in accordance with the law, rules and regulations governing the respective category of aid and on the basis of the verified findings regarding income. Any necessary change in the grant shall be made. (W&IC 1560, 2140, 2184, 3075, 3460)



## 351 -20 (Continued)

351-20

Such personal property would include automobiles, farm machinery, etc. A statement of personal property holdings as reported by the person or observed by the public assistance worker shall be in the case record. In ANB and APSB, only the county assessed value of such personal property shall be considered. (W&IC 2140, 2163, 2184, 3047, 3075, 3447, 3460)

In OAS, ANB, and APSB, the case record shall contain data verifying the value of personal property which was acquired, or the value received for personal property which was disposed of, according to the requirements of the specific category of aid. (W&IC 2140, 3075, 3460)

In ANC the amount of cash and description of securities with date of verification shall be included in the case record. (W&IC 1560)

See Chapter 140-00, Personal Property, for eligibility policies on personal property and methods of determining value of such property, and Sec.233-00, Verification of Real and Personal Property, for methods of verification.

**351-25 REINVESTIGATION OF INCOME**  
**OAS, ANB, APSB, ANC**

351-25

All income of the recipient in OAS, ANB, APSB, or of the child or family unit in ANC shall be reverified with the exception of fixed income which is known not to change such as OASI benefits, income from annuities, etc. The amount of military pensions shall be redetermined. (W&IC 1560, 2140, 2184, 3075, 3460)

In ANC specific support of a child shall be reverified. This includes trust fund allowances, court orders for support from parents, and any source of income belonging only to the individual child. The parents' income or financial situation shall be verified. (W&IC 1523, 1560)

The case record shall show the methods used in verifying the gross income and computing the net income.

The source and amount of the net income shall be entered on Affirmation of Eligibility (Form Ag, Bl, CA 206) in order to indicate clearly the basis for the amount of the grant. (W&IC 1560, 2140, 3075, 3460)

**353-00 OTHER REINVESTIGATIONS  
OAS, ANB, APSB, ANC****353-00**

Upon receipt of a report of an alleged resource or other unverified information which raises question regarding a recipient's or in ANC, a parent's or child's continued eligibility, appropriate investigation shall be initiated promptly. A sustained effort shall be made to complete the investigation within the first month following that in which the report causing the investigation is received. (W&IC 1560, 2140, 3075, 3460)

**353-05 REPORT REQUIRED OF RECIPIENT WHO LEAVES STATE  
OAS, ANB, APSB, ANC****353-05**

A recipient of OAS, ANB, or APSB who plans to go or goes to another state and whose aid continues beyond the second month following departure due to "unusual circumstances," shall report before leaving, or not later than two months after departure, his intent with regard to residence. (SEE SEC. 123-05, CONTINUANCE OF AID WHILE RECIPIENT ABSENT FROM STATE.) He shall also report his living arrangements in the new locality, any change in his income because of the change in living plan, and the contribution, if any, required to cover his share of expense in the household.

When a child receiving ANC accompanies his parent to another state and aid continues beyond the second month following departure, the parent shall comply with these requirements.

In ANC, arrangements shall be made periodically with the welfare department in the locality where the child is living, to contact the recipient to determine that the child is receiving adequate care.

When warrants are mailed out of the State on a continuing basis, the county may verify the whereabouts of the recipients by forwarding occasional warrants by registered mail with a return receipt requested. (SEE SECS. 123-20, RETURN FROM OUT OF STATE TO COUNTY OF RESIDENCE AFTER AID DISCONTINUED, AND 123-50, LOSS OF STATE RESIDENCE WHILE IN RECEIPT OF AID.) (W&IC 1560, 2140, 3075, 3460)

**353-20 CHANGES IN AID FOLLOWING REINVESTIGATION  
OAS, ANB, APSB, ANC****353-20**

When a reinvestigation, either annual or otherwise, indicates a change in the amount of the grant, such change shall be made as soon as administratively possible. A Notice of Change (Form Ag B1, CA 232) shall be submitted to the SDSW not later than 15 days after action by the board of supervisors. (SEE SECS. 360-25, REASONS FOR CHANGES IN AMOUNT OF AID, AND 362-25, CHANGE IN NEED OR INCOME--NO CHANGE IN GRANT.) (W&IC 1560, 2140, 3075, 3460)



**352-20 RECORDING OF REINVESTIGATION IN ANB AND APSB  
ANB, APSB****352-20**

The results of reinvestigation shall be recorded under County Report of Eligibility Reinvestigation on the reverse of Affirmation of Eligibility (Form B1 206) or elsewhere in the case record. If the latter, reference shall be made on the reverse of Form B1 206 to the location of the material in the case record. Instructions for completion of items follow:

- Items 1, 7, 8, 9, and 10 of form B1 206 are self-explanatory.
- Item 2. Real property--When circumstances require real property reinvestigation (SEE SEC. 351-15, REINVESTIGATION OF REAL PROPERTY), enter dates of verification and findings here or indicate where such material may be found in the case record.
- Item 3. Personal property--When personal property reinvestigation is required by circumstances (SEE SEC. 351-20 REINVESTIGATION OF PERSONAL PROPERTY), record dates of verification and findings here or indicate where such material may be found in the case record.
- Item 4. Income--For ANB enter all income with verification and source. Under source of "Income" record "Home owned", for every recipient who lives in a home owned outright or in which he has an interest. Record value of use and occupancy as computed in accordance with rules and regulations of SDSW. When there is no net value of use and occupancy, write "none". For APSB enter "Exempt Income" or "Non-exempt Income," according to provisions of law, with verification and source.
- Item 5. Need in excess of \$50 per month--In ANB when aid in excess of \$50 is established, enter the nature of the need which is in excess of \$50 per month with verification of need and amount of same.
- Item 6. APSB--Plan for self-support--When aid is granted under APSB Law, verification of the plan of self support with date and source of information shall be included on the reverse of Form B1 206, (SEE SEC. 351-55, DETERMINATION OF ELIGIBILITY UNDER ANB AND APSB PROGRAM.)

The date at the bottom of the form is the date the worker completed the reverse of Form B1 206. (W&IC 3075, 3460)

**352-25 NOTIFICATION TO SDSW OF COMPLETION OF REINVESTIGATIONS  
OAS, ANB, APSB, ANC****352-25**

The reinvestigation completed by the county each month shall be reported in accordance with the provisions of Sec. 565-00, Instructions for Preparation of Monthly Report on Reinvestigations.

The date reinvestigations was completed is defined as the month in which the county worker signed the reverse of the completed Affirmation of Eligibility (Form Ag, B1, CA 206). (W&IC 1560, 2140, 3075, 3460)

## SPECIAL SERVICES

### REVISION RECORD

Revisions issued in changing this Chapter will be numbered in sequence. Changes made will be indicated by a vertical line in the margin of the corrected page, against the line or lines changed.

IT IS IMPORTANT that the holder of this Manual check the numbers below, corresponding with the numbers of the revisions when the latter have been incorporated in the Manual and the old pages removed, and that the State Department of Social Welfare be promptly notified in the event a number is passed without receipt of the corresponding numbered sheet.

19	24	29	34	39	44	49	54	59	64	69	74	79	84
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## SPECIAL SERVICES

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**563-50 DISCONTINUANCE FROM OAS FOR COUNTY HOSPITAL CASES  
OAS****563-50**

When the OAS grant to an individual for the month being reported is the last payment to be made under OAS until after a period of confinement in a county hospital, the case should be reported as discontinued under Item 9 of the Monthly Statistical Report (Form Ag 237) during the month of such payment even though the board of supervisors may not have formally discontinued aid in that month. (This procedure is an exception to the general rule of reporting discontinuances in the month of action by the board of supervisors.) (W&IC 115, 116)

**563-60 RESTORATIONS OF COUNTY HOSPITAL CASES TO OAS  
OAS****563-60**

When formally discontinuing OAS payments to an individual confined in a county hospital, the board of supervisors may provide that assistance be restored when the recipient ceases to be an inmate without further order by the board of supervisors (see Sec. 215-00, RESTORATION OF AID). The application to restore aid should be reported as granted in section A, Items 4 and 4A, and the individual should be reported as a case added in section B of the Monthly Statistical Report (Form Ag 237) in the month for which the county auditor again issues a warrant. (This procedure is an exception to the general rule that restorations should be reported in the month of action by the board of supervisors.) (W&IC 155, 116, 2160.6)



563-40 PAYMENTS CLAIMED BY COUNTY FOR HOSPITAL CARE OF FORMER OAS  
RECIPIENTS (W&IC, SEC. 2160.7)  
OAS

563-40

Provision is made in section D of the Monthly Statistical Report on OAS (Form Ag 237) for the reporting of information on former OAS recipients who are confined in county hospitals under the conditions set forth in Sec. 165-00, Payment to County Under W&IC Sec. 2160.7.

Item 12. Number of Cases.

Report the number of former OAS recipients for whom the county claims payment from the State for hospital care during the month. If there are no such cases, specify "0" or "None," but do not leave this item blank.

Item 13. Total Amount of State Payments.

Report the State's share of the OAS assistance to which these county hospital cases would be eligible if not confined to the hospital. This amount should be computed only for the actual number of days in which all of the conditions necessary for State payment (SEE SEC. 165-00, PAYMENT TO COUNTY UNDER W&IC SEC. 2160.7) are present.

SEE SEC. 165-15, BASIS FOR STATE PAYMENT--COUNTY HOSPITAL CLAIM, FOR DETAILED INSTRUCTIONS ON THE COMPUTATION OF THE STATE PAYMENT. (W&IC 115, 116, 2160.7)

- Item 2. Reinvestigations becoming due this month:  
Enter in the appropriate columns the number of cases on which reinvestigations became due in (but not prior to) the month covered by this report.
- Item 3. Total reinvestigations due this month:  
Enter in the appropriate columns the sum of items 1 and 2.
- Item 4. Reinvestigations due in prior months but completed this month: Enter in the appropriate column the number of cases on which reinvestigations were due prior to the month covered by this report, but which were completed in the month covered by this report.
- Item 5. Reinvestigations becoming due this month and completed this month: Enter in the appropriate column the number of cases on which reinvestigations became due in (but not prior to) the month covered by this report and which were completed in the month covered by this report.
- Item 6. Total reinvestigations completed this month  
Enter in the appropriate column the sum of items 4 and 5.
- Item 7. Reinvestigations becoming due this month but not completed at end of this month:  
Enter in the appropriate column the number of cases on which reinvestigations became due in (but not prior to) the month covered by this report, but which were not completed by the end of that month. (Equals item 2 minus item 5.)

(Section Continued on Next Page)



565-00 INSTRUCTIONS FOR PREPARATION OF MONTHLY REPORT ON  
REINVESTIGATIONS  
OAS, ANB, APSB, ANC

565-00

The Monthly Statistical Report on Public Assistance Reinvestigations (Form DPA 10) is designed for reporting OAS, ANB, APSB, and ANC reinvestigations completed by the county. (SEE SECS. 351-05, DATE OF REINVESTIGATION, 352-25, NOTIFICATION TO SDSW OF COMPLETION OF REINVESTIGATION, 510-00, PROGRAMS REPORTED--COUNTIES REQUIRED TO REPORT, 515-00, SUBMISSION OF MONTHLY STATISTICAL REPORTS, 569-99, FORMS USED IN STATISTICAL PROCEDURES.)

Note that the form provides columns for reporting separately for each aid, except that ANB and APSB are combined under the heading "Aid to the Blind".

In ANC the count of reinvestigations is determined by the number of Forms CA 206 (Applicant's Affirmation of Eligibility) which are due or completed under county procedure. (SEE SECS. 201-15, PERSON MAKING APPLICATION, 202-20, THE APPLICATION FORM, 237-75, INSTRUCTIONS FOR CERTIFICATE OF ELIGIBILITY, 351-00, RESPONSIBILITY FOR REINVESTIGATION, AND 351-11, COMPLETION OF AFFIRMATION OF ELIGIBILITY.)

Note that the definition of an ANC case in Sec. 532-00, Definition of ANC Case, and the distinction between Family Group and Boarding Home and Institution programs in Sec. 542-00, Scope of ANC Report, do not apply to Form DPA 10, but continue to apply to Form CA 237 (Monthly Statistical Report on Aid to Needy Children).

Instructions for completion of Form DPA 10 are as follows:

- Item 1. Reinvestigations due in prior months but not completed at beginning of this month: Enter in the appropriate columns the number of cases on which reinvestigations were due prior to the month covered by this report, but which had not been completed at the beginning of that month. (Same as item 9 in last month's report; if different, explain in footnote.)

(Section Continued on Next Page)

565-00 (Continued)

565-00

Item 9. Total reinvestigations due but not completed at end of this month: Enter in the appropriate column the sum of items 7 and 8. (Also equals item 3 minus item 6.) This figure should be carried forward and entered under item 1 of next month's report. (W&IC 115, 116)

Table for Classifying Overdue Reinvestigations Reported in Items  
8a - 8d on Form DPA 10

Month Covered by Report	Prior Month in which Reinvestigation was Due											
	Dec.	Nov.	Oct.	Sept.	Aug.	July	June	May	April	March	Feb.	Jan.
January	1	2	3	4	5	6	7	8	9	10	11	12
February	2	3	4	5	6	7	8	9	10	11	12	1
March	3	4	5	6	7	8	9	10	11	12	1	2
April	4	5	6	7	8	9	10	11	12	1	2	3
May	5	6	7	8	9	10	11	12	1	2	3	4
June	6	7	8	9	10	11	12	1	2	3	4	5
July	7	8	9	10	11	12	1	2	3	4	5	6
August	8	9	10	11	12	1	2	3	4	5	6	7
September	9	10	11	12	1	2	3	4	5	6	7	8
October	10	11	12	1	2	3	4	5	6	7	8	9
November	11	12	1	2	3	4	5	6	7	8	9	10
December	12	1	2	3	4	5	6	7	8	9	10	11

The above table may be used to determine entries in items 8a - 8d on Form DPA 10.

The months listed at the left of the chart refer to the month covered by the report. The months listed across the top indicate the prior month in which the reinvestigation was due. The numbers in the table show the number of months reinvestigations are overdue.

For example, in making out the report covering the month of March, it is found that there are four reinvestigations due in the previous October, which had not been completed by the end of March. Reference to the above table shows that these reinvestigations are five months overdue and should be reported in item 8b of the report for March.

NOTE: All reinvestigations overdue twelve months or more will be reported in item 8d.



565-00 (Continued)

565-00

Item 8. Reinvestigations due in prior months but not completed at end of this month: Enter in the appropriate column the number of cases on which reinvestigations were due prior to the month covered by this report, but which had not yet been completed at the end of the month covered by this report. (Equals item 1 minus item 4; also equal to sum of items 8a through 8d.)

Item 8a. Overdue 1 or 2 months: Enter in the appropriate column the number of cases included in item 8 on which reinvestigations should have been completed in one of the two months immediately preceding the month covered by this report.

Item 8b. Overdue 3 to 5 months: Enter in the appropriate column the number of cases included in item 8 on which reinvestigations should have been completed in the 3d, 4th or 5th month preceding the month covered by this report.

Item 8c. Overdue 6 to 11 months: Enter in the appropriate column the number of cases included in item 8 on which reinvestigations should have been completed in the 6th to 11th month preceding the month covered by this report.

Item 8d. Overdue 12 months or more: Enter in the appropriate column the number of cases included in item 8 on which reinvestigations should have been completed 12 months or more prior to the month covered by this report.

(Section Continued on Next Page)

569-99 (Continued)

569-99

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

MONTHLY STATISTICAL REPORT ON PUBLIC ASSISTANCE REINVESTIGATIONS  
TO THE STATE DEPARTMENT OF SOCIAL WELFARE, SACRAMENTO, CALIFORNIA

COUNTY \_\_\_\_\_ REPORT FOR THE MONTH OF \_\_\_\_\_ 19\_\_

(NOTE: "THIS MONTH" REFERS TO  
THE MONTH COVERED BY THE REPORT)

	OLD AGE SECURITY	AID TO THE BLIND*	AID TO NEEDY CHILDREN**
1. REINVESTIGATIONS DUE IN <u>PRIOR MONTHS</u> BUT NOT COMPLETED AT BEGINNING OF THIS MONTH. (SAME AS ITEM 9 FOR LAST MONTH, IF DIFFERENT EXPLAIN IN FOOTNOTE)			
2. REINVESTIGATIONS BECOMING DUE <u>THIS MONTH</u> .....			
3. TOTAL REINVESTIGATIONS DUE <u>THIS MONTH</u> . (SUM OF ITEMS 1 AND 2).....			
4. REINVESTIGATIONS DUE IN <u>PRIOR MONTHS</u> BUT COMPLETED THIS MONTH.....			
5. REINVESTIGATIONS BECOMING DUE <u>THIS MONTH</u> AND COMPLETED THIS MONTH.....			
6. TOTAL REINVESTIGATIONS COMPLETED THIS MONTH. (SUM OF ITEMS 4 AND 5).....			
7. REINVESTIGATIONS BECOMING DUE <u>THIS MONTH</u> BUT <u>NOT</u> COMPLETED AT END OF THIS MONTH. (ITEM 2 MINUS ITEM 5).....			
8. REINVESTIGATIONS DUE IN <u>PRIOR MONTHS</u> BUT <u>NOT</u> COMPLETED AT END OF THIS MONTH. (ITEM 1 MINUS ITEM 4; ALSO SUM OF 8A THROUGH 8D).....			
A. OVERDUE 1 OR 2 MONTHS.....			
B. OVERDUE 3 TO 5 MONTHS.....			
C. OVERDUE 6 TO 11 MONTHS.....			
D. OVERDUE 12 MONTHS OR MORE.....			
9. TOTAL REINVESTIGATIONS DUE BUT NOT COMPLETED AT END OF <u>THIS MONTH</u> . (SUM OF ITEMS 7 AND 8; ALSO EQUALS ITEM 3 MINUS ITEM 6).....			

\* ANB AND APSB COMBINED.

\*\* INCLUDES ALL ANC REINVESTIGATIONS.(SIGNATURE OF  
PERSON REPORTING) \_\_\_\_\_

(TITLE) \_\_\_\_\_

(DATE) \_\_\_\_\_

FORM DPA 10, MARCH, 1945

SUBMIT TWO COPIES TO STATE DEPARTMENT OF SOCIAL WELFARE



569-99 (Continued)

569-99

FORM GR 237, (REVISED)--FEBRUARY, 1943  
(FORMERLY INDIGENT FORM NO. 1)

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

MONTHLY STATISTICAL REPORT ON GENERAL RELIEF  
TO THE STATE DEPARTMENT OF SOCIAL WELFARE, SACRAMENTO, CALIFORNIA

COUNTY \_\_\_\_\_ REPORT FOR THE MONTH OF FEBRUARY, 1943

A. CASES APPROVED FOR GENERAL HOME RELIEF (DOES NOT INCLUDE ANY AID SPECIFIED IN PART C)

1. CONTINUED FROM PRECEDING MONTH (IF DIFFERENT FROM ITEM 5 OR PRECEDING MONTH'S REPORT EXPLAIN INVENTORY ADJUSTMENT IN FOOTNOTE) . . . . .	410
2. TOTAL ADDED DURING MONTH (2A PLUS 2B). . . . .	32
A. NEW: NEVER PREVIOUSLY APPROVED FOR GENERAL HOME RELIEF IN THE COUNTY. . . . .	12
B. REOPENED: PREVIOUSLY APPROVED AND CLOSED. . . . .	20
3. TOTAL OPEN DURING MONTH (1 PLUS 2; ALSO 3A PLUS 3B). . . . .	442
A. RECEIVED GENERAL HOME RELIEF (SAME AS ITEM 6 COL. 1) . . . . .	402
B. RECEIVED NO GENERAL HOME RELIEF. . . . .	40
4. TOTAL CLOSED DURING MONTH (SUM OF 4A THROUGH 4F. . . . .	62
A. OBTAINED REGULAR EMPLOYMENT. . . . .	16
B. RECEIVED ASSISTANCE FROM RELATIVES OR FRIENDS OUTSIDE CASE . . . . .	5
C. RECEIVED OTHER PUBLIC AID. . . . .	18
D. REFUSED EMPLOYMENT OFFER OR WORK ORDER . . . . .	0
E. LAPSE OF CONTACT . . . . .	7
F. OTHER REASONS. . . . .	16
5. CONTINUED TO FOLLOWING MONTH (3 MINUS 4) . . . . .	380

B. OBLIGATIONS INCURRED FOR GENERAL HOME RELIEF: DETAIL FOR CASES REPORTED UNDER ITEM 3A

RECIPIENT	OBLIGATIONS INCURRED DURING MONTH				
	CASES (1)	PERSONS (2)	CASH (3)	KIND (4)	TOTAL (5)
6. TOTAL RECIPIENTS (6A PLUS 6B) . . . . .	402	830	\$7,589.12	\$2,396.56	\$9,985.68
A. FAMILY CASES . . . . .	153	581	4,406.72	1,101.68	5,508.40
B. ONE-PERSON CASES . . . . .	249	249	3,182.40	1,294.88	4,477.28

C. OTHER GENERAL RELIEF FROM COUNTY INDIGENT FUND  
(DOES NOT INCLUDE (1) AID REPORTED IN PARTS A AND B OR (2) AID FROM SOURCES OTHER THAN INDIGENT FUND)

	PERSONS	OBLIGATIONS
7. BOARDING HOME CARE OF CHILDREN (EXCLUDE ANC CASES). . . . .	14	\$289.50
8. BOARDING HOME CARE OF ADULT PERSONS . . . . .	4	146.20
9. HOSPITALIZATION . . . . .	-	-
10. MEDICAL AND DENTAL CARE . . . . .	-	-
11. BURIALS . . . . .	-	-
12. SHORT-TERM CARE, SUCH AS SINGLE MEALS, OVERNIGHT LODGINGS, ETC. . . . .	30	56.25
13. TRANSPORTATION COSTS TO PLACE OF RESIDENCE. . . . .	2	38.73
14. OTHER (SPECIFY) . . . . .	0	0

(SIGNATURE OF  
PERSON REPORTING)

*John Doe*  
(TITLE) STATISTICIAN

(DATE) FEBRUARY 4, 1943

(Section Continued on Next Page)

MAIN OFFICE  
SACRAMENTO  
616 K STREET

EARL WARREN  
GOVERNOR

STATE OF CALIFORNIA

LOS ANGELES OFFICE  
WASHINGTON BUILDING  
311 SOUTH SPRING STREET

DEPARTMENT OF SOCIAL WELFARE

SAN FRANCISCO OFFICE  
DAVID HEWES BUILDING  
995 MARKET STREET

CHARLES M. WOLLENBERG  
DIRECTOR  
Sacramento  
April 25, 1945

DEPARTMENT BULLETIN NO. 251 (WS)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: Civilian War Assistance to  
Persons Returning from the  
Philippines

Due to the emergency nature of this program, there have been rapid changes and policy developments which necessitate the issuance of this bulletin which supersedes Bulletin 250 (WS), effective immediately.

Counties are now receiving applications for assistance from civilians returning from the Philippines. As in all other types of Civilian War Assistance, aid is granted on the basis of need in relation to resources available. This is being pointed out because there is some misunderstanding on the part of repatriates who are under the misapprehension that they are entitled to outright grants regardless of their resources. The following rules should be followed in regard to these cases.

1. BASIC ELIGIBILITY

Repatriates eligible for civilian war assistance include civilian evacuees returning to the United States and other stranded persons from war-stricken areas, including enemy aliens, who have been permitted to enter this country by the Department of State and the Department of Justice.

In all cases clearance should be made with the welfare department in the county in which the repatriate arrived in the United States to determine:

- a. That the person is actually a repatriate from the Philippines.
- b. The amount and type of assistance given in the county originally receiving the case.

So far the only port of entry has been San Francisco, but future groups may arrive in other ports. San Francisco County has lists of all repatriates arriving there regardless of whether they received assistance in that county.

Servicemen's dependents who have been evacuated from the Philippines are eligible for Civilian War Assistance. The American Red Cross is no longer providing assistance to this group of servicemen's dependents.



## 2. STANDARD OF ASSISTANCE

A special standard of assistance is used for this group of cases in view of their particular circumstances. This standard of assistance takes into consideration the fact that persons returning from the Philippines have been undernourished over a long period of time and are in need of a high calaroc diet containing a high vitamin content; and also, that they usually arrive in army clothing or other donated clothing. Assistance planning for this group must take into consideration the fact that many may require time to formulate their future plans; and it therefore falls into three phases:

### A. EMERGENCY ASSISTANCE AT PORT OF DEBARKATION

Emergency assistance at the port of debarkation should in every case be related to the needs of the individual, and may be extended for from one week to thirty days, depending upon the individual situation and a realistic plan. The following standard of assistance should be used:

- i. Housing. Cash for verified cost of whatever hotel space or other housing is available.
- ii. Food. Cash grants for food at the rate of \$3.00 per day per person.
- iii. Clothing. Cash grants or clothing orders on the basis of the following standard.

Man (over 16 years)	\$150.00	Woman (over 14 years)	\$125.00
Boy (12-16 years)	95.00	Girl (10-14 years)	75.00
Boy ( 8-12 years)	75.00	Girl ( 6-10 years)	65.00
Boy ( 4- 8 years)	65.00	Girl (Under 6 years)	50.00
Boy (Under 4 years)	50.00		

Luggage may be purchased when needed but usually should not exceed \$30 per family.

- iv. Incidentals. An initial incidental allowance (given only once) of  
\$5 for first adult  
\$3 for each additional adult  
\$2 for each child

Continuing sundries allowance

\$1 per day per adult  
50¢ per day per child under 18 years

- v. Transportation.--Transportation may be paid to point of final destination, including pullman if available, plus \$3.00 per day food en route, and \$1 per day per person for incidentals.

Federal Tax should not be paid on transportation.

Maintenance at destination should be provided for three days or more at the rate of \$6.00 per day per person if needed.

## B. INDIVIDUAL ADJUSTMENT PERIOD

Cases requiring assistance beyond the emergency period at port of debarkation, or requesting assistance in counties other than that in which they debarked, should be assisted in accordance with the standard set forth below. The individual adjustment period will provide for needs while the repatriate is recuperating and obtaining employment, and may be extended for 60 days.

- i. Housing may be allowed as paid. Where possible, housekeeping facilities should be provided, unless a health condition or other factors in the individual case make this impracticable. During this period, repatriates may be staying with friends or relatives and may be provided housing free of charge. When the circumstances of friends or relatives are such that the repatriate wishes to share expenses, this may be done on a pro rata basis or any other reasonable basis within the county's discretion.
- ii. Food.--On the advice of the USPHS food costs for this group should be based on a high caloric diet. All counties have received from the Aid to Needy Children Division monthly costs for high caloric diets by age group. Twenty-five per cent should be added to these figures to permit a moderate rather than a low cost diet, in view of the repatriate's unfamiliarity with food shopping in this country at the present time, and also because of their special need for foods high in vitamin content. For example, low cost high caloric diet may be \$24 for an active man. Add \$6 (25%) to reach the figure of \$30 for a moderate cost high caloric diet. Where meals are eaten in restaurants, \$2 per day per person should be provided.
- iii. Clothing.--If verification through the county at port of debarkation indicates that an initial clothing grant was not made, such clothing may be supplied when necessary at the standard indicated under A-iii above. It may also be necessary to supplement the original supply when assistance is required for longer than the initial emergency period. In such instances, the ANC clothing standard for cost of clothing items should be used as a guide.
- iv. Transportation.--See section A-v above. When assistance will be required at the point of final destination, a letter of referral should be sent to the state welfare department in the state to which the person is going, giving a brief summary of contact with the case, including assistance given.

## C. CONTINUING ASSISTANCE

Cases requiring assistance for longer than 60 days for the adjustment period will be reviewed by the SDSW and referred to the Federal representatives for individual case decisions in regard to continuing assistance.



### 3. MEDICAL CARE

The USPHS has the basic responsibility for providing medical care for persons eligible under the Civilian War Assistance Program. Since the USPHS does not have facilities available in many counties, the county welfare department may arrange care either through the county hospital or through private facilities, and bills should be submitted to the USPHS for payment. The cost of such medical care should be determined in advance to assure that the charges are reasonable. This is within the discretion of the county and if the USPHS believes that any of the bills are too high, they will clear the matter directly with the physician or hospital. Medical care includes the providing of eye glasses and dental care. The USPHS suggests that the providing of extensive dental restorations should usually not be arranged until the repatriate reaches his final point of destination, to prevent over-taxing of facilities at debarkation points, and also because it is advisable to delay such restorations until the patient has regained his approximate normal physical state. The USPHS is now developing procedures whereby the patient may arrange for dental care through his nearest District USPHS office.

Attached are copies of the forms used by San Francisco County Department of Public Welfare for referral of cases for medical facilities and for certifying of such cases to the USPHS. Counties may wish to adapt these for their own use.

### 4. CIVILIAN WAR BENEFITS.

The Bureau of Old Age and Survivors Insurance handles the Civilian War Benefits Program, which provides benefits for wives, widows, unmarried children under 18, and dependent parents of civilians killed, missing or detained as a result of enemy action; and citizens and nationals having a total disability or permanent partial disability of at least 30 per cent, and which is due to enemy action. A recent interpretation includes disabilities resulting from maltreatment (including malnutrition) while detained by the enemy under the coverage of this program. In general, a "national" is a person who owes allegiance to the United States, even though such person is not a citizen. This includes natives of Guam and the Philippine Islands.

Cases which appear eligible under this program should be referred immediately to the nearest OASI Office. Since about two months are required for processing Civilian War Benefits cases, Civilian War Assistance may be granted until the receipt of the first Civilian War Benefits payment.

### 5. CIVILIAN EMPLOYEES OF THE WAR DEPARTMENT OR NAVY DEPARTMENT

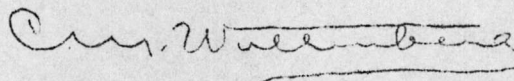
Employees of either of these two departments who have been interned in the Philippines are eligible for temporary civilian war assistance. Many of these government employees may be entitled to large sums of money from back wages, but civilian war assistance can be issued on an emergency basis until these resources are actually available to the person. For those persons whose status can be readily cleared it has usually taken approximately five days to obtain advances. Some members of this group were employed on or after December 7, 1941, and because of the difficulties in obtaining records of their employment, there may be a longer delay and little, if any, wages available to them. Until they receive funds, they are eligible for civilian war assistance.

## 6. STATISTICAL REPORTING.

All cases of persons returning from the Philippines should be reported on War Services Data Form WS-9, and Monthly Statistical Report, Form WS-6. They should be classified on the WS-9 by checking Item B (7) "Civilians Evacuated from Pacific Area other than Hawaii". As indicated in Handbook Section 44-00, Item 8-B, these cases should be reported in the Monthly Statistical Report on CWA (Form WS-6) under Item 4-B (3), "Other". Write in "Evacuated from Pacific Area Other than Hawaii". Do not complete Form CE-I, Individual and Family Data Form for these cases.

Inasmuch as this is a new phase of the program and will require policy development, any questions arising should be referred immediately to your SDSW field representative.

Very sincerely yours,



CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

Attachments



CIVILIAN WAR SERVICES PROGRAM

Federal Security Agency  
585 Bush St., San Francisco 8  
Garfield 5000

Re: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_  
Case No. \_\_\_\_\_

W. T. Harrison, Medical Director  
District No. 5, Federal Security Agency  
U. S. Public Health Service  
1407 U. S. Appraisers Building  
San Francisco 11, California

Attention Dr. Kaiser

Dear Dr. Harrison:

We have referred \_\_\_\_\_  
to Dr. \_\_\_\_\_ Address \_\_\_\_\_  
for medical care. The reason for medical referral is that patient  
\_\_\_\_\_

Patient has been certified to the War Service Program by \_\_\_\_\_  
Intelligence as an evacuee from \_\_\_\_\_. Date of arrival  
in the United States was \_\_\_\_\_

We have notified the medical facility in writing of the procedure  
for the submission of bills.

Very truly yours,

RONALD H. BORN, Director

Social Worker

CIVILIAN WAR SERVICES PROGRAM

Federal Security Agency  
585 Bush St., San Francisco 8  
Garfield 5000

Re \_\_\_\_\_  
Case No. \_\_\_\_\_

We have referred \_\_\_\_\_ to your office for care. Since patient is eligible to Civilian War Assistance, will you please send your bills in quadruplicate to W. T. Harrison, Medical Director, District No. 5, Federal Security Agency, U. S. Public Health Service, 1407 U. S. Appraisers Building, San Francisco 11, California, for payment.

The invoices must include the following information:

1. Identifying data such as the name, age, and sex of the patient.
2. Itemized statement of services rendered with date, total amount of care, and the number of days with rates per day.
3. Certification by the patient that he has received the medical care described.
4. A statement as follows:

"I certify that the above bill is correct and just; that payment therefor has not been received; that all the statutory requirements as to American Production and labor standards and all conditions of purchase applicable to the transaction have been complied with, and that state or local taxes are not included in the amount of the bill."

All four copies of this bill are to be signed by the physician or, if a hospital, by the Medical Superintendent, or person authorized to sign, with the name of the hospital noted in full.

Very truly yours,

RONALD H. BORN, Director

Social Worker



MAIN OFFICE  
SACRAMENTO  
616 K STREET  
(14)

RECEIVED  
LOS ANGELES OFFICE  
WASHINGTON BUILDING  
311 SOUTH SPRING STREET  
(13)

SAN FRANCISCO OFFICE  
DAVID HEWES BUILDING  
995 MARKET STREET  
(3)

1945 MAY 1 PM 36  
FRANK M. JORDAN  
SECRETARY OF STATE  
STATE OF CALIFORNIA  
Honorable Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

Earl Warren  
Governor

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES M. WOLLENBERG

DIRECTOR

Sacramento 14  
April 30, 1945

SOCIAL WELFARE BOARD

BEN KOENIG, CHAIRMAN  
1680 NORTH VINE STREET  
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1170 SEVENTH AVENUE  
SAN DIEGO

MRS. JESSIE S. WILLIAMSON  
2816 OAK KNOLL TERRACE  
BERKELEY

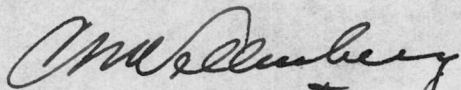
IN REPLY PLEASE REFER  
TO:

Dear Mr. Jordan:

Attached are three copies of regulations, currently effective,  
made by the State Department of Social Welfare.

These regulations are filed in accordance with Article 21 of  
Chapter 3 of Title 1 of Part 3 of the Political Code as  
amended by Chapter 628, Statutes of 1941.

Very sincerely yours,

  
CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

Encl.  
b5

MAIN OFFICE  
516 K Street  
Sacramento

LOS ANGELES OFFICE  
Washington Building  
211 South Spring Street

SAN FRANCISCO OFFICE  
David Hewes Building  
995 Market Street

Earl Warren  
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
April 25, 1945

FILED

In the office of the Secretary of State  
of the State of California

MAY 1 - 1945

FRANK M. JORDAN, Secretary of State

By *Chas. Magarity*  
Deputy

1297

MANUAL LETTER NO. 76

The attached manual revisions are to be entered in your copy of the Manual of Policies and Procedures and the revision numbers cancelled on the separators for the revised chapters. Revision numbers are listed for the five chapters as follows:

Residence	Revision 43
Blindness	Revision 7
Investigation and Decision	Revisions 91 and 92
Continuing Services	Revisions 55 thru 61
Financial Procedures	Revisions 91 thru 97

These revisions were approved by the Social Welfare Board on March 22, 1945.

Secs. 180-15, Determination of Degree of Blindness, and 235-00, Physician's Reports of Eye Examination, have been revised so that notarization of the physician's signature on Form B1 227 (Physician's Report on Eye Examinations) is no longer a mandatory requirement. Sec. 235-00 also has been revised by raising the maximum fee from \$5 to \$10 for each eye examination for ANB or APSB which is considered proper administrative expense and in ANB is subject to 50 per cent reimbursement from Federal funds.

New Section 361-33, Cancellation of Warrants for Months During Which Recipient was Ineligible Under Suspension of Grant Procedure, provides that under the suspension procedure, the basic award is considered to be continuously in effect thru the period of questioned eligibility, i.e., when aid continues, the cancellation of an interim suspended warrant does not result in an interruption of the authorization for payment of aid. Therefore, delivery of a warrant for the month following the period covered by the cancelled suspended warrant or warrants does not represent restoration. The Notice of Change (Form Ag, B1, CA 232) is used to report to the SDSW the month or months for which the suspended payment was cancelled together with the reason, in accordance with the provisions of Sec. 361-33.

Sec. 362-05, Instructions for Recording on Notice of Change Section I, now includes specific instructions to cover reporting on the Notice of Change for retroactive aid payments under Sec. 361-25, Retroactive Aid Payments by County.

Sec. 627-30, Basis for Federal Participation, has been revised to include a new liberalized policy making Federal participation available in ANC in certain instances if the investigation is completed within three months from the beginning date of aid for the additional child or children.



The issuance of this material renders obsolete all of Bulletin 141.

Correction to Form Bl M506, Notification to County of Action on Physician's Report, in Sec. 250-99 (Forms Used in Investigation Procedures):

During the printing process part of the correct illustration for Items 1 and 2 on Form Bl M506 was deleted. In order to conserve paper and funds a corrected page is not being reprinted at this time. However, it is important that the example shown be complete. Therefore, Items 1 and 2 on Form M506 (Revision 51 in Investigation and Decision Chapter) should be corrected in each manual in accordance with the following example:

FORM BL M506, REVISED APRIL, 1942  
STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

DIVISION FOR THE BLIND

NOTIFICATION TO COUNTY OF ACTION ON PHYSICIAN'S REPORT

STATE NUMBER SAC 4444 BL

NAME RICHARDS, JANE

DATE 9/19/44

I HEREBY CERTIFY THAT I HAVE REVIEWED FORM BL 227, "PHYSICIAN'S REPORT ON EYE EXAMINATION," BY DR. J. H. DALE MADE ON 8/30/44 AND  
(DATE OF EXAMINATION)

FIND THAT THE FACTS CONTAINED THEREIN DO NOT SHOW THAT THE VISUAL IMPAIRMENT OF THE ABOVE-MENTIONED PERSON COMES WITHIN THE DEFINITION OF BLINDNESS AS ADOPTED IN CALIFORNIA FOR THE AID TO THE BLIND PROGRAMS, FOR THE FOLLOWING REASONS:

1. VISUAL ACUITY IS MORE THAN 20/200 WITH CORRECTION 20/80
2. VISUAL FIELDS ARE GREATER THAN 20 DEGREES 70°
3. EXAMINING PHYSICIAN QUESTIONS DEGREE OF DISABILITY \_\_\_\_\_

W. A. Pettit, M.D.  
STATE OPHTHALMOLOGIST

REQUEST EXAMINATION BY STATE OPHTHALMOLOGIST \_\_\_\_\_

STATEMENTS CONTAINED IN THE MANUAL TAKE PRECEDENCE  
OVER SAME MATERIAL PREVIOUSLY RELEASED IN BULLETINS

**122-53 DISCONTINUANCE AND RESTORATION OF AID DURING TRANSFER PERIOD  
OAS, ANB, APSB****122-53**

When payment of aid by the first county is discontinued because of established ineligibility during the period while the required residence in the second county is being acquired, responsibility of the first county ceases. Should the former recipient request restoration of aid, a new application shall be taken by the second county. If eligibility is established, but residence of one year in the second county has not been completed (six months in the case of an ANB or APSB recipient who became blind while a resident of California), aid is payable on a non-county basis until the end of the month in which the required period of county residence is completed. If, however, residence in the second county was established on the first day of the month, the second county participates in the payment of aid one year from such date (six months in the case of the ANB or APSB recipient who became blind while a resident of California).

EXAMPLE: A REGULAR RECIPIENT OF OAS IN COUNTY A MOVED TO COUNTY B, WITH INTENT TO RESIDE, ON OCTOBER 10. ON DECEMBER 15 OF THE SAME YEAR HE RECEIVED AN INHERITANCE WHICH BROUGHT HIS PERSONAL PROPERTY IN EXCESS OF \$600. AID WAS DISCONTINUED BY COUNTY A EFFECTIVE DECEMBER 31. THE FORMER RECIPIENT'S PERSONAL PROPERTY IS REDUCED WITHIN THE \$600 MAXIMUM AND HE AGAIN REQUESTS AID IN JUNE. HIS APPLICATION IS TAKEN BY COUNTY B. AID IS GRANTED TO BEGIN JULY 1 ON A NON-COUNTY BASIS UNTIL OCTOBER 31 OF THE FOLLOWING YEAR.

Should payment of aid by the first county be discontinued inadvertently or without cause, the above rulings do not apply and the first county shall be responsible for restoration and for continued payment of aid in the same manner as though payment of aid had not been interrupted. (W&IC 2140, 3075, 3460, AGO NS3202)



**122-50 REMOVAL FROM COUNTY OF RESIDENCE  
OAS, ANB, APSB, ANC****122-50**

When a regular recipient in OAS, ANB, and APSB, or the person who determines the child's residence in ANC, moves to another county in the State with intent to make the second county his residence, aid shall be paid by the first county until the required period of residence in the second county is completed. (FOR EXCEPTION, SEE SECS. 122-53 AND 122-54, DISCONTINUANCE OF AID DURING TRANSFER PERIOD.) It is presumed that the period of time for the acquisition of one year's residence in the county of second residence starts upon the date of removal from the first county, unless the presumption is refuted by positive evidence. If it appears that a lapse of time occurred between the date of removal from the first county and establishment of residence in the second county, the second county shall obtain residence evidence to refute the presumption and verify the date residence was established in the second county.

The county of first residence shall pay aid until the end of the month during which one year's residence is completed in the second county. The second county, if eligibility continues, shall commence payment of aid on the first day of the month next following the completion of one year's residence therein. If, however, the change of residence took place on the first day of the month, payment of aid is assumed by the second county one year from such date. (W&IC 1527, 2200, 3090, 3450)

**122-55 DISPUTED BEGINNING DATE OF RESIDENCE IN TRANSFER CASE  
OAS, ANB, APSR, ANC****122-55**

When a dispute arises between two counties regarding the beginning date of residence in a transfer case, the SDSW shall exercise full authority in weighing the evidence presented. See Sec. 330-00, Dispute Regarding Responsibility for an Applicant, for procedure in formal appeals. (W&IC 1527, 1528, 2143, 2200, 3090, 3092, 3450, 3463)

**122-60 TRANSFERRED RECIPIENT WHO RETURNS TO COUNTY OF FIRST RESIDENCE  
OAS, ANB, APSB, ANC****122-60**

Should a regular recipient in OAS, ANB, and APSB, or a person determining residence of a child in ANC, move to a county with intent to reside and then return after an absence of less than one year to the first county with intent to remain, his residence in the first county is not deemed to have been interrupted. Aid shall be continued by the first county on a joint State and county basis, if eligibility continues. However, if aid has been discontinued because of established ineligibility during the period of absence from the first county, aid is paid on a non-county basis until the required period of county residence is again completed in the first county. (SEE SECS. 122-53 AND 122-54, DISCONTINUANCE OF AID DURING TRANSFER PERIOD.) (W&IC 1527, 2200, 3090, 3450)



**122-54 DISCONTINUANCE AND RESTORATION OF AID DURING TRANSFER PERIOD  
ANC****122-54**

When payment of aid by the first county is discontinued because of established ineligibility of the whole family group during the period while the required residence in the second county is being acquired, the responsibility of the first county ceases. Should restoration of aid be requested, a new application shall be taken by the second county. If eligibility is established, aid is payable on a non-county basis by the second county until the end of the month in which one year of residence in the second county is completed. If, however, the change of residence took place on first day of month, payment of aid is assumed by second county one year from such date. (SEE SEC. 122-15, NON-COUNTY RESIDENCE.)

When aid for one child in a family group is discontinued because of established ineligibility during the period while the required residence in the second county is being acquired, restoration for such a child is made on a non-county basis by the first county. A notice of change accompanied by evidence to show eligibility on a non-county basis shall be submitted. First county shall claim non-county aid for the one child but continue to claim on a State and county basis for the other children.

No separate grant shall be made for the non-county child if he returns to the same home and has the same payee after restoration of aid. (SEE SECS. 627-20, APPORTIONMENT OF GRANTS ON PAY ROLLS OR CLAIMS, AND 627-30, BASIS FOR FEDERAL PARTICIPATION.)

Should the payment of aid by the first county be discontinued inadvertently or without cause, the above rulings do not apply and the first county shall be responsible for restoration and for continued payment of aid in the same manner as though payment of aid had not been interrupted. (W&IC 1560)

180-20 (Continued)

180-20

Aid shall not be approved on the basis of reports by examiners stating in effect that there is not sufficient pathology to account for the degree of disability claimed, or where reliability of applicant's response is questioned by the examiner.

In the absence of a definite reported visual acuity in accordance with the definition of economic blindness, aid shall not be approved on the basis of photophobia, blepharospasm, ptosis, senility, mental aberrations, or neurological lesions without visible eye pathology, in the absence of a neurological report showing involvement of the visual tracts.

Aid shall not be granted when the loss of visual acuity is based on a diagnosis of hysterical blindness. (Hysterical blindness shows no pathology in the eye or visual tracts and is a mental condition rather than an ophthalmological problem.)

Aid shall not be granted when the eye examination report indicates that the applicant is so mentally incompetent that he cannot cooperate with the physician who makes the examination, or when sufficient eye pathology is not found to account for the loss of vision claimed. When the examining physician reports sufficient pathology to account for the blindness, an estimate of visual acuity by the examiner may be accepted, if the mental condition of the applicant or recipient prevents cooperation with the examining physician.

Aid shall not be granted on the basis of an eye examination report in which the examining physician states that he believes the patient is malingering. (W&IC 3075, 3460)

#### 180-25 SUCCESSIVE EYE EXAMINATION REPORTS ANB, APSB

180-25

An applicant or recipient who is dissatisfied with the report of the physician may submit a report of another examination made at his own expense by another physician on the approved list.

If such report indicates that the applicant does come within the definition of blindness on which blind aid is allowed, a third examination shall be authorized--this to be made by a physician designated by the SDSW. All information contained in the first two reports shall be made available to the physician making the third examination with the exception of the names of the examining physicians. Approval or denial of aid shall be made on the basis of the two reports which agree as to facts.

If the State Ophthalmologist finds upon review that two of the physicians' reports of eye examinations indicate that the person's visual impairment comes within the definition of blindness, the SDSW is authorized to recommend to the county that aid be granted or restored without the formality of a hearing by the SSWB. When aid is denied or discontinued on the basis of two reports showing that the person's degree of visual impairment does not come within the definition of blindness, the person may appeal to the SSWB for a fair hearing. (SEE SEC. 325-20, RIGHT, PURPOSE AND SCOPE OF APPEAL.) All reports of eye examinations shall be submitted with the appeal.

(Section Continued on Next Page)



**180-15 DETERMINATION OF DEGREE OF BLINDNESS  
ANB, APSB****180-15**

An eye examination by a duly licensed and practicing physician, skilled in diseases of the eye, is required by law to establish eligibility and continuance of eligibility. The physician's report must be submitted in writing over his own signature. (SEE SECS. 235-00, PHYSICIAN'S REPORTS OF EYE EXAMINATION, AND 351-50, REINVESTIGATION OF BLINDNESS.)

Eye examinations shall be made by a physician from the list approved by the SDSW (SEE SEC. 180-75, APPROVED LIST OF PHYSICIANS SKILLED IN DISEASES OF THE EYE), unless special authorization is given by the SDSW.

Reports from clinics as to degree of vision shall not be accepted. Each report shall be signed by the individual physician making the examination, and the fee paid to the physician rather than to the clinic.

When no examiner in the county is listed and the distance from qualified examiners is great, necessary transportation costs to obtain the required eye examination are administrative expenses and in ANB are subject to Federal participation. (SEE SECS. 645-10, EXPENDITURES FOR PURPOSES OF ADMINISTRATION, AND 645-80, EXPENDITURES FOR EYE EXAMINATION.) Under unusual conditions, the State will assist in arranging for acceptable examination upon request by the county.

Out-of-State physicians who are skilled in diseases of the eye, and who are on the list approved by the California SDSW (SEE SEC. 180-75), may examine California applicants for or recipients of ANB or APSB to determine their eligibility for aid in this State. (W&IC 3075, 3083, 3460, 3471)

**180-20 REVIEW OF EYE EXAMINATION REPORTS  
ANB, APSB****180-20**

All reports of eye examinations shall be acted upon by the State Ophthalmologist. (SEE SEC. 235-00, PHYSICIAN'S REPORTS OF EYE EXAMINATION.) Reports may be submitted to the SDSW for review by the State Ophthalmologist prior to action by the board of supervisors.

This assists the county in determining the applicant's eligibility, in so far as degree of blindness is concerned, prior to the receipt of aid. It avoids payment of aid to persons whose eye examination reports indicate that their degree of visual impairment does not come within the definition of blindness. (SEE SEC. 180-10, DEFINITION OF BLINDNESS.)

(Section Continued on Next Page)

235-00 (Continued)

235-00

The physician shall report definite measurements of visual acuity. Definite figures and descriptions are required on both eyes as indicated on The Physician's Report of Eye Examination (Form Bl 227). Check marks and such symbols as "nil", "o", etc., are not acceptable. The physician does not certify that the applicant or recipient is or is not blind. The Wasserman test (Item 19) is not required but is desirable in view of the widespread fight against syphilis, and the results of such an examination, when available, shall be reported.

Two copies of the completed Form Bl 227, one of which shall be the original or certified copy, shall be sent to the SDSW for review by the State Ophthalmologist, either prior to action by the board of supervisors or with the Application (Form Bl 200), and Certificate of Verification of Eligibility (Form Bl 201). (SEE SEC. 180-20, REVIEW OF EYE EXAMINATION REPORTS.) The original or certified copy of the Form Bl 227 is retained by the SDSW and the copy is returned to the county for its record.

When the Form Bl 227 shows that the applicant's vision is sufficiently impaired to come within the definition of blindness, the State Ophthalmologist indicates on the form that the facts as reported show this. The Notification to County of Necessity for Reexamination (Form Bl M515) is completed by the State Ophthalmologist and attached to every accepted report to advise the county if and when further examination is required. This advice is based upon information submitted on Form Bl 227. (SEE SEC. 180-50, REEXAMINATION OF EYES TO DETERMINE CONTINUED ELIGIBILITY.)

When Form Bl 227 shows that the applicant does not come within the definition of blindness under which aid is allowed, the Notification to County of Action on Physician's Report (Form Bl M506) is sent to the county. This indicates that Form Bl 227 has been reviewed by the State Ophthalmologist and that the facts contained therein do not show that the visual impairment of the applicant is sufficient to come within the definition of blindness adopted in California.

The maximum fee for each eye examination which is considered proper administrative expense is \$10. In ANB such expense is subject to 50 per cent reimbursement. (SEE SECS. 645-10, EXPENDITURES FOR PURPOSES OF ADMINISTRATION, AND 645-80, EXPENDITURES FOR EYE EXAMINATION.) The payment of the examination fee is the responsibility of the county.

For procedure for reexamination of the eyes see Sec. 180-50. (W&IC 3075, 3460)



**234-25 PURPOSE OF VERIFICATION OF DIVORCE  
OAS, ANB, APSB, ANC****234-25**

In ANC if there has been a divorce and both parents are living, the award of custody in the divorce decree shall be verified in order to determine residence of the children. (SEE SEC. 122-10, DETERMINATION OF COUNTY RESIDENCE.)

In determining parentage it is sometimes necessary to verify divorce in order to establish dissolution of a previous marriage. (SEE SEC. 191-10, DETERMINATION OF PARENTAGE.)

In OAS, ANB and APSB, when determining the real property holdings of the applicant who declares that he has been divorced from his last spouse, it is necessary to establish that the final decree of divorce has been issued.

Divorce may be verified by review of the official records of the court in which it was granted; by a letter from the court giving the required information, or by review of documents in the applicant's possession. (W&IC 1560, 2140, 3075, 3460)

**235-00 PHYSICIAN'S REPORTS OF EYE EXAMINATION  
ANB, APSB****235-00**

Responsibility for securing a physician's report as required in Sec. 180-15, Determination of Degree of Blindness, rests with the county. The applicant or recipient shall have the privilege of selecting a duly licensed and practicing physician skilled in diseases of the eye from the list of physicians compiled by the SDSW. (SEE SEC. 180-75, APPROVED LIST OF PHYSICIANS SKILLED IN DISEASES OF THE EYE.) However, when other qualified examiners are available, it is desirable that re-examination of the eyes of an applicant or recipient not be made by the same examiner who has previously filed a report of eye examination for the individual.

The physician shall complete Physician's Report on Eye Examination (Form B1 227) in every detail, and submit it to the county in duplicate. As it is a permanent record it shall be prepared in ink or typewritten. Reports which are incomplete or ambiguous are returned to the examining physician by the SDSW with a letter (copy of which goes to the county) listing the specific information or action needed. The physician should initial and date all additions or corrections made on the report and return it to the SDSW for review by the State Ophthalmologist.

(Section Continued on Next Page)

361-25 (Continued)

361-25

7. When in a transferred case, the second county fails to begin aid on the date due. This is necessary to avoid interruption in receipt of aid. (SEE SEC. 122-67, CONTINUOUS PAYMENT OF AID IN TRANSFERRED CASE.)
8. In ANC, when aid is continuous but due to a change of payee the warrant is issued in the month subsequent to that for which aid is granted. (W&IC 1552.5, 1560, 2140, 2220, 3075, 3078.5, 3460; AGO NS4670; FSSB)

**361-30 SUSPENSION PROCEDURE  
OAS, ANB, APSB, ANC**

361-30

Upon instruction so to do by the SDSW, the county shall cancel, suspend, or revoke aid.

Aid shall be suspended by the county when there is neither proof of continued eligibility nor proof of ineligibility. Suspension is the process whereby delivery of a warrant for a particular month for a current case is withheld beyond the month for which the warrant is issued while circumstances which raise question regarding the recipient's continued eligibility are investigated. Upon completion of the investigation suspended warrants are either released to the recipient or canceled. Discontinuance of aid differs from suspension in that aid is discontinued only when the information establishes ineligibility for continued aid. (SEE SEC. 361-50, DISCONTINUANCE OF AID.) Under no circumstances shall an initial payment be suspended. (SEE SEC. 611-60, INITIAL PAYMENTS.)

Action authorizing the withholding of delivery of warrants under the suspension procedure shall be taken by the board of supervisors not later than the first meeting of the month following that in which delivery of a warrant is withheld.

When eligibility is established and the warrant is delivered on or before the last day of the month for which it is issued suspension action is not necessary.

In ANB and APSB, aid shall not be discontinued or suspended upon receipt of a Physician's Report of Eye Examination (Form B1 227) which raises question as to the degree of blindness. Such a report shall be considered as conflicting evidence of eligibility in that one or more Forms B1 227 indicating eligibility were previously obtained. The procedure outlined in Sec. 361-40, Continued Eligibility Questioned on Basis of Physician's Report of Eye Examination, shall be followed.

When information which raises question regarding continued eligibility makes it advisable to withhold delivery of the warrant for a particular month investigation of the eligibility question which caused the suspended payment shall proceed promptly and with all diligence in order that eligibility for continued aid may be established at the earliest possible date.

Upon request of the SDSW, an immediate report of every suspension of aid shall be made. Such report shall state the reason for the suspension and show county action approving the suspension.

(Section Continued on Next Page)



**361-25 RETROACTIVE AID PAYMENTS BY COUNTY  
OAS, ANB, APSB, ANC****361-25**

Retroactive aid means aid paid in a subsequent month for some preceding month or months. All payments of aid shall be made within the month for which aid is granted (SEE SEC. 611-50, BEGINNING DATE OF AID) except that retroactive aid may be paid by the county in the following types of situations (SEE SEC. 626-50, SUPPLEMENTAL AID CLAIMS):

1. When retroactive aid is granted upon appeal to the SSWB (SEE SEC. 325-75 RETROACTIVE AID.)
2. When retroactive initial payments are made because the investigation exceeded the period allowed by law for the particular category of aid as described in Sec. 611-70, Retroactive Initial Payments.
3. When a payment has been made for a given amount in conformity with the currently authorized award in effect at the time the payment was made, and it is found that the need for the month had increased. Retroactive aid may be paid provided the increase is approved by the board of supervisors and the supplementary warrant in the amount of the increase is issued and delivered before the end of the first month following that for which the retroactive payment is made. (Aid may not be restored retroactively under this provision.)

EXAMPLE A: AN OAS RECIPIENT RECEIVES \$40 IN AUGUST, A \$10 DEDUCTION BEING MADE BECAUSE OF A SON'S CONTRIBUTION. ON SEPTEMBER 5, COUNTY LEARNS THAT SON CEASED HIS CONTRIBUTION IN JULY, AND THAT RECIPIENT HAS HAD NO OTHER INCOME. HE WAS, THEREFORE, ELIGIBLE TO RECEIVE \$50 FOR AUGUST. THE BOARD OF SUPERVISORS MAY GRANT \$10 RETROACTIVE AID FOR AUGUST PROVIDED SUCH ACTION IS TAKEN IN SEPTEMBER AND THE WARRANT IS DELIVERED NOT LATER THAN SEPTEMBER 30.

EXAMPLE B: ANC IN THE AMOUNT OF \$85 WAS PAID FOR JANUARY TO MEET THE BUDGETARY DEFICIENCY FOR A FAMILY OF MOTHER AND FOUR CHILDREN. ON FEBRUARY 10, COUNTY LEARNED THAT FAMILY HAD MOVED TO MORE ADEQUATE LIVING QUARTERS AND RENT FOR JANUARY INCREASED BY \$7. THE BOARD OF SUPERVISORS MAY GRANT \$7 RETROACTIVE AID FOR JANUARY PROVIDED SUCH ACTION IS TAKEN IN FEBRUARY AND THE WARRANT IS DELIVERED NOT LATER THAN FEBRUARY 28.

4. When a payment in a particular month is made for less than the authorized award for that month and the erroneous payment is corrected within a three-month period, including the month in which the erroneous payment is made. No action by the board of supervisors is necessary. (In case of an erroneous discontinuance aid cannot be restored retroactively under this provision for the reason that there was no authorized award in effect for the month for which payment was due.)

EXAMPLE: THE AUTHORIZED AWARD FOR A RECIPIENT OF ANB FOR JANUARY IS \$50. DUE TO AN ERROR, THE RECIPIENT WAS PAID \$40 FOR JANUARY. COUNTY MAY PAY RECIPIENT ADDITIONAL \$10 DUE FOR JANUARY IN FEBRUARY AND NOT LATER THAN MARCH 31.

5. When an award has been made and remains in effect, but payment of aid is suspended as provided in Sec. 361-30, Suspension Procedure.
6. When a warrant is returned to the county auditor's office because of a change in address of the recipient such warrant may be held and re-transmitted in the subsequent month to the recipient's new address.

(Section Continued on Next Page)

361-30 (Continued)

361-30

When the ineligibility to one or more of the suspended warrants is established but there is current eligibility and the grant continues, the policies and procedures in Sec. 361-33, Cancellation of Warrants for Months During Which Recipient Was Ineligible Under Suspension of Grant Procedure, shall be followed (SEE SECS. 361-35, CHANGES IN AMOUNT OF GRANT DURING SUSPENSION OF AID AND 361-90, NOTIFICATION TO SDSW OF CHANGE IN GRANT).

For procedure on claims on suspended aid payments, see Sec. 626-45, Claims on Suspended Aid Payments. (W&IC 1552.5, 1560, 2140, 2220, 3075, 3078, 3078.5, 3460)

**361-33 CANCELLATION OF WARRANTS FOR MONTHS DURING WHICH RECIPIENT WAS INELIGIBLE UNDER SUSPENSION OF GRANT PROCEDURE** **361-33**  
OAS, ANB, APSB, ANC

When an authorized award is in effect but delivery of two or more warrants is withheld under the provisions of Sec. 361-30, Suspension Procedure, while investigation of a cloud on eligibility is made, it will sometimes be established that the recipient was ineligible to certain of the suspended warrants but eligible to the others. The warrant or warrants to which the recipient is found ineligible shall be cancelled and such cancellations shall be reported to the SDSW in accordance with the provisions of Sec. 628-05, Reporting of Cancelled Aid Warrants, covering claim reporting.

When aid continues, the cancellation of an interim suspended warrant does not result in an interruption of the authorization for payment of aid. The authorization has been continuously in effect and, therefore, aid is not discontinued by a cancelled payment. The delivery of a warrant for the month following the period covered by the cancelled suspended warrant or warrants does not represent restoration. The Notice of Change (Form Ag, B1, CA 232) showing board of supervisors' action shall be used to report to the SDSW the month or months for which the suspended payments was cancelled together with the reason. Only those payments which are cancelled under the circumstances described in this section shall be reported in this manner. (SEE SECS. 361-30, SUSPENSION PROCEDURE, 361-35, CHANGES IN AMOUNT OF GRANT DURING SUSPENSION OF AID, 361-90, NOTIFICATION TO SDSW OF CHANGE IN GRANT, 628-05, REPORTING OF CANCELLED AID WARRANTS.) (W&IC 1560, 2140, 3075, 3460)

**361-35 CHANGES IN AMOUNT OF GRANT DURING SUSPENSION OF AID** **361-35**  
OAS, ANB, APSB, ANC

When it is found, during the suspension of aid, that the recipient was eligible for a lesser amount of aid than that for which the suspended warrant or warrants were issued, the original warrant and any other suspended warrants may be paid and a repayment sought from the recipient for the amount in excess of that to which he was eligible, or the original warrant and other subsequently

(Section Continued on Next Page)



361-30 (Continued)

361-30

When suspension action is necessary a notice shall be forwarded to the county auditor requesting that delivery of the warrant for the specified month be withheld. The specific reason why eligibility is questioned shall be recorded on the notification to the auditor, a copy of which shall be retained in the county case record.

Counties may devise their own form for notification to the county auditor. It may be advisable for such notification to be the same size as the warrant as this facilitates filing information regarding the dates of release with such warrants when they are returned to the auditor's office after having been cashed by the payee.

When investigation establishes eligibility, two copies of a notification prepared in triplicate, shall be forwarded to the county auditor requesting release of the warrant for the particular month. One copy shall be retained in the county file. A statement covering the results of the investigation which justified release of the warrant shall be included in the case record, either in the narrative or on the notification to the county auditor. Upon release of the suspended payment, the auditor shall indicate on the second copy the date of release of the warrant, sign it, and return it to the county welfare department where it shall be filed in the county case record.

When factors beyond the control of the county delay the receipt of the information necessary for a determination regarding eligibility, a second warrant may also be suspended while the investigation is continued. Such situations may be due to failure to receive a reply from persons or agencies in another locality, to the physical condition of the recipient, etc. The warrant for the second month shall be issued, but delivery withheld. A notice shall be forwarded to the county auditor specifying the particular month for which delivery of the warrant is to be withheld and a copy of this retained in the county case record.

In extreme cases, delivery of the warrant for the third month may also be withheld. When the investigation has not determined by the last day of the third month, that the recipient is eligible, the warrant for the third month, together with the two suspended warrants shall be canceled, and Notice of Change (Form Ag, B1, CA 232) reporting discontinuance of aid, effective the last day of the month immediately preceding the first suspended payment shall be submitted to the SDSW. (SEE SEC. 361-90)

When eligibility is established during the second or third month, the usual notification to the county auditor shall be forwarded in duplicate, requesting that the withheld warrants be released. The auditor shall return one copy to the county welfare department after indicating the particular warrants which were released and the date of release. In no case may the warrants be released later than the last day of the third month.

When ineligibility to all of the suspended warrants and to current aid is established, the suspended warrant or warrants shall be cancelled. A Notice of Change (Form Ag, B1, CA 232) shall be submitted to the SDSW reporting discontinuance of aid effective the last day of the month preceding that for which the warrant or warrants are cancelled. The Notice of Change shall also indicate which warrant or warrants are to be cancelled. (SEE SECS. 361-50, DISCONTINUANCE OF AID, AND 361-90, NOTIFICATION TO SDSW OF CHANGE IN GRANT.)

(Section Continued on Next Page)

361-40 (Continued)

361-40

When a Form Bl 227 is submitted by a recipient prior to the end of the month for which the warrant is being held and the findings of the physician are in agreement with those which raised a question with regard to continued eligibility, the withheld warrant shall be canceled. Aid shall be discontinued as of the last day of the month preceding that for which the warrant is canceled and a Notice of Change (Form Bl 232) shall be sent to the SDSW. (SEE SEC. 361-50, DISCONTINUANCE OF AID.)

Upon the release of the warrant which was withheld because of a cloud on eligibility the warrant for the next or second month shall be issued and its delivery withheld, but not beyond the end of the month for which it is drawn.

If the physician's report of the third eye examination establishes eligibility for continued payments, the withheld warrant shall be delivered to the recipient before the end of the month for which it is drawn and aid shall continue in the amount to which the recipient is eligible.

If the physician's report of the third eye examination establishes ineligibility, or if eligibility is not determined by the end of the second month for which delivery of the warrant was withheld, the warrant shall be canceled and a Form Bl 232 discontinuing aid, effective with the last day of the month preceding that for which the warrant was canceled, shall be forwarded to the SDSW in the usual manner.

Under no circumstances shall warrants for more than two months be issued and withheld pending clearance of eligibility.

Exception: When an examination by the State Ophthalmologist discloses ineligibility insofar as blindness is concerned aid shall be discontinued without further eye examination. (SEE SEC. 325-20, RIGHT, PURPOSE, AND SCOPE OF APPEAL.) (W&IC 3050, 3075, 3083, 3460)

#### 361-50 DISCONTINUANCE OF AID OAS, ANB, APSE

361-50

Aid shall be discontinued when the recipient does not meet the eligibility requirements of the respective category of aid. (W&IC 2001, 2140, 3026, 3075, 3089, 3460)

In OAS and ANB when ineligibility resulted from income received, but receipt of that income was not discovered by the county in time to discontinue the aid effective not later than the last day of the second month following that in which the income was received, aid shall continue if the recipient is otherwise eligible. He shall be requested to reimburse the county to the extent of the aid paid in the month the income was received from resources he may have other than the grant of aid and the income to which he is currently eligible under the provisions of the law for the particular category of aid. (SEE SEC. 670-85, OVERPAYMENTS CAUSED BY INCOME.)

(Section Continued on Next Page)



361-35 (Continued)

361-35

suspended warrants may be canceled and a new warrant or warrants in the correct amount issued. (SEE SEC. 361-10, DECREASE IN GRANT.) If the original warrant and any subsequently suspended warrants are canceled and a new warrant or warrants issued, the board of supervisors must approve the changed grant and the new warrant or warrants must be issued before the end of the suspension period.

When, during suspension of aid, it is determined that the recipient was eligible to a greater amount of aid than that for which a suspended warrant or warrants were issued, the original warrant or warrants may be released. The additional amount due for a particular month may be retroactively paid, provided the supplementary warrant or warrants are issued and delivered before the end of the month following that for which the retroactive payment is made or the original warrant may be canceled and a new warrant or warrants in the correct amount issued. (SEE SECS. 361-25, RETROACTIVE AID PAYMENTS BY COUNTY, AND 361-00, INCREASE IN AMOUNT OF AID.)

For method of filing claims see Sec. 626-50, Supplemental Aid Claims.

A Notice of Change (Form Ag, B1, CA 232) shall be submitted to the SDSW, after action by the board of supervisors, showing the change in the grant, beginning as of the first day of the month in which it was effective. (W&IC 1560, 2140, 3075, 3078, 3078.5, 3460)

**361-40 CONTINUED ELIGIBILITY QUESTIONED ON BASIS OF PHYSICIAN'S  
REPORT OF EYE EXAMINATION  
ANB, APSB**

361-40

When the State Ophthalmologist finds upon review of a Physician's Report on Eye Examination (Form B1 227) that the facts contained in the report raise a question regarding degree of blindness, aid shall not be immediately discontinued. (SEE SECS. 180-50, REEXAMINATION OF EYES TO DETERMINE CONTINUED ELIGIBILITY, 180-25, SUCCESSIVE EYE EXAMINATION REPORTS.) The warrant for the coming month shall be issued in the usual manner but delivery withheld, though not beyond the month for which it is drawn. The recipient shall be immediately notified that continued eligibility is questioned, that continuance of aid is dependent upon clearance of eligibility, and that he may submit a Form B1 227 from another physician from the approved list.

The submission of a Form B1 227 from another physician may be dependent upon factors such as health condition of the recipient, proximity to a qualified examiner, etc. When such conditions exist and a Form B1 227 is not submitted prior to the end of the month for which the warrant is being held, the withheld warrant shall be released, provided it is delivered before the end of the month for which it is drawn. A second and final notice shall be sent to the recipient with the released warrant advising that further payment will not be made unless eligibility is immediately cleared.

When the Form B1 227 secured by the recipient from another physician is in conflict with the one which raised a question regarding continued eligibility, the withheld warrant shall be released, provided it is delivered before the end of the month for which it is drawn. An examination by a third physician shall be authorized and paid for by the county in order that a decision may be made on the basis of the two reports which agree. (SEE SEC. 180-25)

(Section Continued on Next Page)

**361-80 NOTIFICATION TO RECIPIENT OF CHANGE IN GRANT  
OAS, ANB, APSB, ANC****361-80**

When aid is increased, decreased or discontinued, the recipient shall receive written notification of the amount of the grant, the reason for change in grant, or the reason for discontinuance. He shall also be notified of his right of appeal to the SDSW for a fair hearing. (SEE SEC. 325-20, RIGHT, PURPOSE AND SCOPE OF APPEAL) (W&IC 1551, 1560, 2016, 2140, 2182, 3075, 3086, 3460, 3473; FSSB)

In OAS, in addition to the above requirements the recipient shall be notified of his right to a hearing before the board of supervisors. If aid is granted in less than the maximum amount he shall also be notified of the source and amount of income which was deducted. When total need has been verified to be in excess of \$50, the total need shall be shown on the notification. (W&IC 2016, 2140, 2181.1)

Notification of Action by the Board of Supervisors (Form Ag, Bl, CA 239), includes the minimum requirements for notification to the recipient and shall be used by the county unless a substitute form which incorporates the information appearing on Form Ag, Bl, CA 239 is used. (SEE SEC. 250-10, REPORTING ACTION OF BOARD OF SUPERVISORS TO APPLICANT.) (W&IC 1560, 2140, 3075, 3460)

**361-85 NOTIFICATION COUNTY AUDITOR OF CHANGE IN GRANT  
OAS, ANB, APSB, ANC****361-85**

A copy of Notice of Change (Form Ag, Bl, CA 232) should be sent to the county auditor. There should be complete coordination between the county welfare department and the county auditor so that payrolls each month correctly reflect the current status of all cases for which claim is made. (W&IC 1560, 2140, 3075, 3460)



361-50 (Continued)

361-50

EXAMPLE: A COUPLE, THE GRANT OF OAS FOR EACH BEING \$50 A MONTH, WERE JOINT BENEFICIARIES OF A FRIEND'S INSURANCE POLICY. THEY RECEIVED \$500 OR \$250 EACH ON AUGUST 15. AID IS DISCONTINUED AUGUST 31. (SEE SEC. 215-00, RESTORATION OF AID.) SHOULD THE COUNTY NOT LEARN OF THE INCOME UNTIL SEPTEMBER OR OCTOBER, AID IS DISCONTINUED, EFFECTIVE SEPTEMBER 30, OR OCTOBER 31, RESPECTIVELY. SHOULD THE COUNTY NOT LEARN OF THE INCOME UNTIL NOVEMBER 5, WHEN THE ANNUAL REINVESTIGATION IS MADE, AID SHALL NOT BE DISCONTINUED, BUT EACH RECIPIENT SHALL BE REQUESTED TO REFUND \$50.

Discontinuance of aid is effective as of the last day of the month for which the last warrant was delivered. (W&IC 2140, 2183, 3075, 3460)

When a transfer of costs between counties falls upon the first day of the month, the effective date of discontinuance by the first county shall be the last day of the preceding month. (W&IC 2220, 3090, 3450)

In OAS, ANB and APSB, when a warrant is issued but not delivered prior to the recipient's death, aid shall be discontinued as of the last day of the preceding month. (SEE SEC. 611-00, PAYMENT WHEN GRANTEE DIES.) (W&IC 2140, 3075, 3460; AGO NS1930)

**361-60 CHANGE IN SCHOOL STATUS REPORTED ON NOTICE OF CHANGE  
ANC**

361-60

A change in school status as set forth in Sec. 235-25, Verification of School Attendance, shall be reported to the SDSW on the Notice of Change (Form CA 232). (SEE SEC. 363-15, RECORDING CHANGE OF SCHOOL STATUS ON SECTION III OF NOTICE OF CHANGE.) (W&IC 1560; FSSA TITLE IV, SEC. 406(A))

**361-75 ACTION BY BOARD OF SUPERVISORS ON NOTICES OF CHANGE  
OAS, ANB, APSB, ANC**

361-75

Action of the board of supervisors is required upon all Notices of Change (Form Ag, B1, CA 232) except those which report school status for ANC, change of name of recipient, and changes in guardianship status. (SEE SEC. 361-90, NOTIFICATION TO SDSW OF CHANGE IN GRANT.) (W&IC 1560, 2140, 2184, 3075, 3089, 3460)

**362-00 GENERAL INSTRUCTIONS, NOTICE OF CHANGE  
OAS, ANB, APSB****362-00**

The Notice of Change (Form Ag, Bl 232) except as it provides for identifying information, is divided into sections, which are designated as Sections I, II, and III.

Section I is used to report information regarding:

1. Type of change with the exception of
  - a. Discontinuance of payment of aid to the recipient,
  - b. In OAS, discontinuance of payment to the county for hospital care because of death, excess assets, etc., rather than release from the county hospital;
2. Reason for change

Section II is used to report information regarding:

1. Discontinuance of payment of aid to the recipient:
2. In OAS, discontinuance of payment to the county for hospital care when discontinuance is due to any reason other than release from the county hospital.

Section III is used to report action of board of supervisors. (W&IC 2140, 3075, 3460)

**362-05 INSTRUCTIONS FOR RECORDING ON NOTICE OF CHANGE, SECTION I  
OAS, ANB, APSB****362-05****DECREASE, INCREASE, OR RESTORATION:**

- |           |   |
|-----------|---|
| Column 1. | The type of action is indicated by completing the information called for in the vertical columnar headings (2, 3, 4, etc.) in the space provided opposite "Decrease", "Increase", "Restoration", etc.   |
| Column 2. | Enter the date from which the change is effective, e.g., 2-1-42. When retroactive aid is paid as provided in Sec. 361-25, Retroactive Aid Payments by County, the month for which the retroactive payment was made should be entered in Column 2.   |
| Column 3. | Enter the monthly rate of aid granted from the effective date shown in Column 2. (When aid is restored effective from a day subsequent to the first day of the month, the monthly rate rather than the prorated amount shall be entered.) When retroactive aid is paid as provided in Sec. 361-25, Retroactive Aid Payments by County, enter the monthly rate of aid granted from the effective date shown in Column 2. |

(Section Continued on Next Page)



# 361-90 NOTIFICATION TO SDSW OF CHANGE IN GRANT OAS, ANB, APSB, ANC

361-90

The Notice of Change (Form Ag, Bl, CA 232) shall be forwarded to the SDSW as soon as possible but not later than 15 days after board of supervisors' action. The SDSW considers claims on the basis of information at hand at the time claims are audited and approved for payment. Delay in submission of Form Ag, Bl, CA 232 may result in loss of Federal and State participation.

A separate Form Ag, Bl, CA 232 shall be used for each case. The following chart shows the number of copies to be submitted. (W&IC 1560, 2140, 3075, 3085, 3460)

NUMBER OF COPIES OF NOTICE OF CHANGE (FORM AG, BL, CA 232) SENT TO SDSW				
Type of Change	Number of Copies			
	OAS	ANB	APSB	ANC
Discontinuances	2	2	2	2
Restorations	2	2	2	2
Increases	1	1	1	1
Decreases	1	1	1	1
Changes in need or income, no change in grant (See Sec. 362-25)	1	1	-	-
Payment to county for hospital care (See Sec. 362-10)	2	-	-	-
Transfer from ANB to APSB or vice versa (See Sec. 362-20)	-	2	2	-
Change of Payee (See Sec. 363-20)	-	-	-	2
Cancellation of Warrants under Special Suspension Procedure (See Sec. 361-30)	2	2	2	2
Change in School Status* (See Sec. 235-20)	-	-	-	1
Change of name of recipient* (See Sec. 362-30)	1	1	1	-
Change of guardianship status* (See Sec. 230-60)	1	1	1	-

\*Action of board of supervisors on Notice of Change is not necessary

**362-10 REPORTING PAYMENT TO COUNTY FOR HOSPITAL CARE ON  
NOTICE OF CHANGE UNDER W. & I. C., SEC. 2160.7  
OAS****362-10**

Column 1. Pertinent information relating to notification that a claim, under the provisions set forth in Sec. 165-00, Payment to County Under W&IC, Sec. 2160.7, will be filed is recorded in the columns opposite "Payment to County for Hospital Care."

A Form Ag 232 reporting discontinuance of the OAS grant to the recipient shall also be submitted. Notification of discontinuance of aid to the recipient and notification that a claim for hospital care will be made may be reported on the same Form Ag 232.

Column 2. Enter date from which payment for hospital care is requested.  
Column 3. Enter the grant to which the recipient would be eligible were he not confined.

Columns 4, 5, 6, and 7 shall not be completed when the person would, had he not been confined, have remained eligible to the same grant. When there is a change in his circumstances which would have resulted in an increase or decrease in the grant, had he not been confined, these columns are completed as in the case of notification regarding any increase or decrease.

A Form Ag 232 shall be submitted when any change in the former recipient's circumstances would have necessitated either a change in amount of the grant or discontinuance of aid to which he would be entitled were he not confined. (W&IC 2140)

(See Secs. 165-00, Payment to County Under W&IC, Sec. 2160.7, 165-05, Definition of County Hospital Under W&IC, Sec. 2160.7, 165-10, Definition of Medical Care in County Hospital Under W&IC, Sec. 2160.7, 165-15, Basis for State Payment on County Hospital Claim Under W&IC, Sec. 2160.7, 351-45, Reinvestigation for County Hospital Claims Under W&IC, Sec. 2160.7, and 627-25, County Hospital Claim Under W&IC, Sec. 2160.7)

**362-20 REPORTING TRANSFER FROM ANB TO APSB OR VICE VERSA ON  
NOTICE OF CHANGE, SECTION I  
ANB, APSB****362-20**

Column 1. Indicate by check whether recipient is being transferred from ANB to APSB or from APSB to ANB.  
Column 2. Enter the beginning date of aid under the program to which the recipient is being transferred.  
Columns 3, 4, 5, 6, and 7. See Sec. 362-05, Instructions for Recording on Notice of Change, Sec. I.

Discontinuance of aid under the program from which the recipient is being transferred should be reported in Section II, Items A and D-17. (See Secs 351-57, TRANSFER PROCEDURE FROM ANB TO APSB OR VICE VERSA, AND 362-45, DISCONTINUANCE OF PAYMENT, SECTION II OF THE NOTICE OF CHANGE) (W&IC 3075, 3460)



362-05 (Continued)

362-05

- Column 4. Enter the total of all income received other than the OAS, ANB, or APSB grant. (When need in excess of \$50 in OAS or ANB has not been established, the sum of Column 3 and Column 4 shall total \$50. The total may not exceed or be less than this amount.)
- Column 5. Enter sources from which income other than OAS, ANB, or APSB is received and amount received from each; e.g., son John contributes \$5.00 per month. The total of amounts of income from individual sources, as shown in Column 5, should agree with the figure entered in Column 4.
- Column 6. No entry is made unless the total verified need exceeds \$50 a month in OAS or ANB in which case the total need per month is reported here; e.g., if the total need of the recipient is established as being \$60 a month this amount is entered in Column 6.
- Column 7. Except when, in OAS, total need is established on a budgetary basis, report in OAS and ANB the nature and total cost of each item which causes the total need to exceed the basic grant, and the method of verification, e.g., new roof \$80; payments \$8.00 a month. Verified by contractor. When, in OAS, total need is established by use of the budgetary method, enter "Form Ag 241 on file".

One Form Ag, Bl 232 may be used to report two actions of the board of supervisors on the same case provided both actions occur on the same day.

EXAMPLE: IN ANB AID IS INCREASED ON JANUARY 15, EFFECTIVE FEBRUARY 1, DUE TO VERIFIED NEED IN EXCESS OF \$50. ON THE SAME DATE, THE BOARD OF SUPERVISORS DECREASES AID EFFECTIVE MARCH 1, AS THE EXCESS NEED EXISTS FOR ONLY ONE MONTH.

When one Form Ag, Bl 232 is used to report two actions, the information reported in Columns 5 and 7 should refer to the first action. Report the necessary information to explain the second action under "Reason for Change".

If OAS is restored following release from the county hospital, restoration action of the board of supervisors is reported opposite "Restoration". The release from the county hospital and the restoration of aid may be reported on the same Form Ag 232 unless there is a delay in the restoration of aid to the former recipient, in which case separate forms are necessary. There shall be no overlapping of payment to the county for hospital care and payment of aid to the individual. (SEE SEC. 215-00, RESTORATION OF AID)

For reporting date of release from county hospital in OAS see Sec. 362-40, Discontinuance of Payment, Sec. II of Notice of Change. (W&IC 2140, 3075, 3460)

**362-30 REPORTING REASON FOR CHANGE ON NOTICE OF CHANGE  
OAS, ANB, APSB****362-30**

When the reason for change is clearly indicated by the entries in the vertical columns opposite the particular type of change which is effective it need not be repeated under this heading. Report any additional information in this space.

Change of name by a recipient of OAS, ANB, or APSB, due to marriage, court order, or for other reasons, shall be reported to the SDSW under "Reason for Change".

Certain changes in guardianship status in OAS, ANB, and APSB shall be reported under "Reason for Change" in accordance with Sec. 230-60, Guardianship.

The month or months for which suspended payment was cancelled as provided in Sec. 361-33, Cancellation of Warrants for Months During Which Recipient was Ineligible Under Suspension of Grant Procedure, shall be reported under "Reason for Change".

In reporting restoration of ANB, or APSB following release from a public institution, the exact date of release shall be reported here. In reporting restoration, in OAS, following release from a public institution, other than a county hospital, the exact date of release shall be reported here. For reporting date of release from county hospital in OAS, see Sec. 362-40, Discontinuance of Payment, Sec. II of Notice of Change. In reporting restorations for other reasons, information should be entered here as to the exact date and the reason the recipient became eligible subsequent to discontinuance of aid. (SEE SEC. 215-00, RESTORATION OF AID.)

In OAS when reporting "Payment to County for Hospital Care" the name of the hospital and date of admission shall be shown under "Reason for Change".

In OAS when reporting restoration of aid following a discontinuance because of employment, report the date the recipient's request for restoration of aid was signed.

In ANB and APSB when reporting a change from ANB to APSB or vice versa, detailed information regarding the change in type of aid shall be given under "Reason for Change". In APSB this shall include information regarding plan for achieving self-support. (W&IC 2140, 3075, 3460)



**362-25 CHANGE IN NEED OR INCOME - NO CHANGE IN GRANT  
OAS, ANB****362-25**

When income is applied toward verified total need in excess of \$50 a month, it shall be reported on the Notice of Change (Form Ag, Bl, 232) even though the computation of the grant on the basis of need in excess of \$50 may result in no change in the amount of the aid payment. So long as the need continues to be in excess of \$50 subsequent changes in the total need or the income or both need not be reported until such change requires adjustment of the aid payment.

EXAMPLE A: A RECIPIENT HERETOFORE WITHOUT INCOME IS RECEIVING \$50 OAS. IN FEBRUARY HE RECEIVES A \$10 CONTRIBUTION FROM A RESPONSIBLE RELATIVE. TOTAL NEED IS VERIFIED AS \$60. ALTHOUGH THE GRANT REMAINS THE SAME, FORM AG 232 REPORTING THE COMPUTATION OF THE GRANT ON THE BASIS OF NEED IN EXCESS OF \$50 SHALL BE SUBMITTED. THE INFORMATION IS RECORDED ON FORM AG 232 OPPOSITE "CHANGE IN NEED OR INCOME - NO CHANGE IN GRANT" AND THE DATE SHOWN IN COLUMN 2, IS THE DATE FROM WHICH INCOME IS APPLIED TOWARD NEED IN EXCESS OF \$50.

EXAMPLE B: ON FEBRUARY 1, A RECIPIENT OF ANB BEGINS TO RECEIVE INCOME OF \$12 A MONTH AND HIS TOTAL NEED IS ESTABLISHED AT \$65. ALTHOUGH HE HAS RECEIVED \$50 AID, FORM BL 232 REPORTING COMPUTATION OF THE GRANT EFFECTIVE FEBRUARY 1, ON THE BASIS OF NEED IN EXCESS OF \$50 SHALL BE SUBMITTED. IN AUGUST THE INCOME INCREASES TO \$16 A MONTH, BUT TOTAL NEED IS ESTABLISHED AS \$68 A MONTH. THE SUBMISSION OF FORM BL 232 TO REPORT A CHANGE IN THE INCOME AND THE NEED IS NOT NECESSARY AS THE GRANT REMAINS THE SAME. IN NOVEMBER THE INCOME INCREASES TO \$25 A MONTH, BUT TOTAL NEED REMAINS THE SAME. APPROPRIATE ADJUSTMENT IN THE GRANT SHALL BE REPORTED BY SUBMISSION OF FORM BL 232.

When the grant has been computed on the basis of need in excess of \$50 and subsequently the grant is determined by deducting the income from \$50, because need is no longer in excess of that amount, or when the income has ceased, Form Ag, Bl 232 reporting the change in method of grant computation shall be submitted. (W&IC 2140, 3075)

EXAMPLE C: A GRANT OF \$50 HAS BEEN REPORTED, THIS BEING THE DIFFERENCE BETWEEN ESTABLISHED NEED OF \$60 AND \$10 CONTRIBUTION FROM A RESPONSIBLE RELATIVE. THE RELATIVE'S CONTRIBUTION CEASES. ALTHOUGH THE GRANT REMAINS \$50, INCOME IS NO LONGER APPLIED TOWARD TOTAL NEED IN EXCESS OF \$50. FORM AG, BL 232 REPORTING THE CHANGE BASIS OF THE GRANT COMPUTATION SHALL BE SUBMITTED.

627-30 (Continued)

627-30

BOARD OF SUPERVISORS UNTIL JANUARY 10, WHEN AID IS APPROVED TO BEGIN NOVEMBER 1, THE FIRST OF THE MONTH DURING WHICH THE 90-DAY PERIOD EXPIRES. THERE IS NO FEDERAL PARTICIPATION IN THE ANB OR ANC PAYMENTS MADE IN JANUARY FOR NOVEMBER AND DECEMBER.

In ANC when reimbursement is claimed retroactively for an additional child/children, but no retroactive payment is made because the full budgetary needs of the additional child/children were met in the original grant for the family unit, Federal participation is available if the investigation is completed within three months from the beginning date of aid for the additional child/children. (SEE ITEM 2 IN SEC. 626-50, SUPPLEMENTAL AID CLAIMS) (FSSB)

EXAMPLE E: APPLICATION IS SIGNED IN JUNE FOR 3 CHILDREN. INVESTIGATION IS COMPLETED IN AUGUST FOR TWO OF THE CHILDREN, AND AID IS GRANTED EFFECTIVE AUGUST 1 FOR THESE TWO CHILDREN. THE WARRANT COVERS THE FULL BUDGET DEFICIENCY. INVESTIGATION FOR THE ADDITIONAL CHILD IS COMPLETED IN NOVEMBER AND BOARD OF SUPERVISORS' ACTION IS TAKEN IN THAT MONTH. STATE PARTICIPATION IS ALLOWED RETROACTIVELY FROM SEPTEMBER 1, AS THE 90-DAY PERIOD ENDED IN SEPTEMBER. SINCE THE INVESTIGATION FOR THE ADDITIONAL CHILD WAS COMPLETED WITHIN THREE MONTHS FROM THE BEGINNING DATE OF AID FOR THAT CHILD (SEPTEMBER 1), FEDERAL PARTICIPATION IS AVAILABLE FROM SEPTEMBER 1.

IN THE SAME SITUATION, IF THE INVESTIGATION HAD NOT BEEN COMPLETED UNTIL DECEMBER, (MORE THAN 3 MONTHS FROM BEGINNING DATE OF AID FOR THE ADDITIONAL CHILD), FEDERAL PARTICIPATION WOULD NOT BE AVAILABLE UNTIL DECEMBER 1.

Federal participation is available for retroactive aid paid in cases of (1) retroactive increase of award, (2) erroneous underpayments and (3) certain delayed payments, other than initial payments, as specified and if paid within the time limits allowed in Sec. 361-25, Retroactive Aid Payments by County.

In OAS and ANB, there is no Federal participation in payments made to a guardian who is an employee of the SDI or the county welfare department. (SEE SEC. 230-60, GUARDIANSHIP)

Federal participation is available for a recipient (in ANC the child for whom aid is granted) receiving medical or surgical care in a public institution until the end of the month following that in which the recipient is admitted to the hospital. Exception: In OAS and ANC Federal participation in two monthly payments is available when determination has been made that the hospitalization is for a temporary period. (SEE SECS. 164-10, ELIGIBILITY DURING HOSPITALIZATION, AND 164-20, ELIGIBILITY DURING HOSPITALIZATION) (W&IC 1553, 1560, 2140, 2186, 3075, 3087; FSSB)

EXAMPLE F: AN OAS RECIPIENT IS ADMITTED TO COUNTY HOSPITAL AUGUST 10. AID IS PAID FOR SEPTEMBER AND OCTOBER BECAUSE ON THE FIRST OF EACH MONTH HE HAS NOT BEEN IN THE HOSPITAL FOR TWO CALENDAR MONTHS. IF A DETERMINATION IS MADE THAT HOSPITALIZATION WILL BE TEMPORARY THERE IS FEDERAL PARTICIPATION IN BOTH THE SEPTEMBER AND OCTOBER PAYMENTS. IF, HOWEVER, HOSPITALIZATION IS NOT DETERMINED TO BE TEMPORARY FEDERAL REIMBURSEMENT IS AVAILABLE ONLY THROUGH THE MONTH OF SEPTEMBER.

For further discussion of Federal participation see Secs. 627-45, Partial Month Claims--Basis for Federal participation, 627-80; Federal Participation on Children Between Ages of 16 and 18 Years; 627-85, Federal Participation When an Additional Child Becomes Eligible for Aid During Month; 627-90, Two or More Family Budget Units in One Household; and 628-00, Payees Eligible Under Social Security Act.



**627-30 BASIS FOR FEDERAL PARTICIPATION  
OAS, ANB, ANC****627-30**

In OAS and ANB the maximum basis for Federal participation is \$40. The actual Federal share is one-half the monthly grant up to a total grant of \$40 (the maximum being \$20) on all cases which meet Federal eligibility requirements. There is no Federal participation in the APSB program. (W&IC 2166, 3087; FSSA)

ANC

In determining the maximum basis on which the Federal share is computed in ANC, the total grant to a family budget unit is considered. The maximum Federal basis is \$18 for one child and \$12 for each additional eligible child in the family budget unit. Therefore, if there is one eligible child in a family budget unit, the maximum basis for Federal participation is \$18; if there are two eligible children in the family budget unit, the maximum basis for Federal participation is \$30; if there are three eligible children, the maximum basis is \$42; etc. The actual Federal share is one-half of the amount paid up to the maximum Federal basis. (W&IC 1553, 1560; FSSA)

EXAMPLE A: A FAMILY BUDGET UNIT CONSISTS OF FOUR ELIGIBLE CHILDREN AND THE TOTAL GRANT TO THE FAMILY PAID BY ONE WARRANT IS \$60. THE BASIS FOR FEDERAL PARTICIPATION IN THIS CASE IS \$54 (THE MAXIMUM FEDERAL BASIS FOR FOUR CHILDREN). (SEE CASE NO. 4, FORM CA 801.)\*

When one or more children of a family group have non-county status and the remaining children have regular status, the \$18 basis for Federal participation is allocated to a child having regular status. (See Case No. 5, Form CA 801.)\* (W&IC 1556, 1560)

OAS, ANB, ANC

There is no Federal participation in initial payments not made in the month for which such payments are approved, except in appeal cases approved by the SSWB. The first payments made on new applications and restorations are initial payments. (SEE SECS. 325-75, RETROACTIVE AID, AND 611-60, INITIAL PAYMENTS)

Federal participation is not available for any retroactive payments for any months between the expiration of the investigation period and the month in which assistance is authorized and paid. (SEE SECS. 611-70, RETROACTIVE INITIAL PAYMENTS, AND 626-50, SUPPLEMENTAL AID CLAIMS)

EXAMPLE B: REQUEST FOR RESTORATION OF OAS AFTER DISCONTINUANCE DUE TO EMPLOYMENT IS MADE ON MARCH 16. THE 30-DAY INVESTIGATION PERIOD EXPIRES APRIL 15, BUT DETERMINATION THAT APPLICANT IS ELIGIBLE IS NOT MADE BY THE BOARD OF SUPERVISORS UNTIL MAY 5 WHEN AID IS GRANTED TO BEGIN APRIL 1, THE FIRST OF THE MONTH DURING WHICH THE 30-DAY PERIOD EXPIRES. THERE IS NO FEDERAL PARTICIPATION IN THE OAS PAYMENT MADE IN MAY FOR APRIL.

EXAMPLE C: APPLICATION FOR OAS IS SIGNED ON SEPTEMBER 25. THE 60-DAY INVESTIGATION PERIOD EXPIRES ON NOVEMBER 24. DETERMINATION THAT APPLICANT IS ELIGIBLE IS NOT MADE BY THE BOARD OF SUPERVISORS UNTIL FEBRUARY 5, WHEN THEY GRANT AID TO BEGIN DECEMBER 1, THE FIRST OF THE MONTH FOLLOWING THE EXPIRATION OF THE 60-DAY PERIOD. THERE IS NO FEDERAL PARTICIPATION IN THE OAS PAYMENTS MADE IN FEBRUARY FOR DECEMBER AND JANUARY.

EXAMPLE D: APPLICATION FOR ANB OR ANC IS SIGNED ON AUGUST 5. THE 90-DAY INVESTIGATION PERIOD EXPIRES NOVEMBER 3. DETERMINATION THAT APPLICANT OR CHILD IS ELIGIBLE IS NOT MADE BY THE

\*EXAMPLES OF THE VARIOUS TYPES OF CASES ARE SHOWN ON THE SAMPLE FORMS IN SEC. 629-39, COUNTY AID CLAIM FORMS.

(Section Continued on Next Page)

629-99 (Continued)

629-99

## FORM CA 801

FORM CA-801 (revised)—September, 1942  
(Formerly CA 27-DFA)STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFAREPayroll as per county warrant register to accompany affidavit  
Form CA-800 for Federal and State Aid to Needy ChildrenForward TWO copies to  
STATE DEPARTMENT OF SOCIAL WELFARE  
Sacramento, California

Warrants Dated See column 8

(Except as otherwise shown in Column 7)

## CLAIM FOR FEDERAL AND STATE AID TO NEEDY CHILDREN

(Excluding aid paid under Section 1556.5 of the Welfare and Institutions Code)

Paid by XXX County, California  
For the Month of January, 1945  
SUPPLEMENT FOR PRIOR MONTHS

(INDICATE NON-COUNTY CASES BY (\*) IN COLUMNS 5 AND 6)

(1) STATE NUMBER	(2) NAMES OF PAYEES  NAMES OF CHILDREN FAMILY GIVEN	(3) NO. OF CHILDREN		(4) WARRANT AMOUNT	(5) BASIS FOR STATE PARTICIPATION		(6) BASIS FOR FEDERAL PARTICI- PATION	(7) REMARKS	(8) WARRANT NUMBER
		(A) EL.	(B) INEL.		(A) EL. TO FEDERAL	(B) INEL. TO FEDERAL			
								(SEE SEC. 626-50, SUPPLE- MENTAL AID CLAIMS.)	
				JULY, 1944					
4	Ida Allen Allen, Helen Mabel Sally Lawrence	4		15.00	15.00		15.00		503
				AUGUST, 1944				(WARRANT DATED 8/3/45) (CASE #4 REPRESENTS APPEAL TO SWSB FOR RETROACTIVE INCREASE FROM \$35.00 TO \$50.00 FOR JULY, 1944, AND FROM \$50.00 TO \$60.00 FOR AUGUST AND SEPTEMBER, 1944.)	
4	Ida Allen Allen, Helen Mabel Sally Lawrence	4		10.00	10.00		4.00		503
				SEPTEMBER, 1944					
4	Ida Allen Allen, Helen Mabel Sally Lawrence	4		10.00	10.00		4.00		503
				NOVEMBER, 1944					
13	James Blake Blake, Arthur Myrtle	2		60.00		*45.00			513
				DECEMBER, 1944				(WARRANT DATED 1/17/45) (CASE #13 REPRESENTS RETROACTIVE AID UNDER 90-DAY LAW.)	
13	James Blake Blake, Arthur Myrtle	2		60.00		*45.00			513

NOTE: INDIVIDUAL WARRANTS FOR EACH MONTH OR ONE WARRANT COVERING ALL MONTHS FOR EACH CASE MAY BE ISSUED,  
THE AMOUNT PAID FOR EACH MONTH TO BE REPORTED SEPARATELY.

Page No. ....

(Section Continued on Next Page)



629-99 (Continued)

629-99

## FORM CA 800

State of California

Forward Two Copies To  
State Department of Social  
Welfare  
Sacramento, California

## AID AFFIDAVIT

From XXX County  
For the Support of Needy Children

(Excluding Aid Paid under Section 1556.5 of the Welfare and Institutions Code)

Month of JANUARY, 1945 Fiscal Year  
(State Use Only)

AMOUNT DUE FROM FEDERAL FUNDS FOR AID	FOR CURRENT MONTH Column A	FOR PRIOR MONTHS Column B
1. Total basis for State participation (same as Item B, Form CA 802) Number of children: Current month <u>4</u> ; Prior months <u>2</u> .....	\$ 803.19	\$ 125.00
2. Total for children ineligible for Federal aid (same as Item C, Form CA 802) Number of children: Current month <u>3</u> ; Prior months <u>2</u> .....	\$ 146.00	\$ 90.00
3. Total for children eligible for Federal aid under Title IV of the Social Security Act (Item 1 minus Item 2) (same as Item D, Form CA 802) Number of children: Current month <u>3</u> ; Prior months <u>2</u> .....	\$ 657.19	\$ 35.00
4. Less: Expenditures in excess of \$18 for one eligible child and \$12 for each additional eligible child in same household group (Item D minus Item F, Column 2, Form CA 802).....	\$ 156.53	\$ 12.00
5. Basis for Federal participation (Item 3 minus Item 4) (same as Item F, Column 2, Form CA 802).....	\$ 500.66	\$ 23.00
6. Amount due from Federal Funds for aid (½ of Item 5) (same as Item P, Column 3, Form CA 802).....	\$ 250.33	\$ 11.50
7. Federal share of adjustments (total Column 7, Form CA 803).....	\$ 6.25	
8. Item 6 plus or minus Item 7.....	\$ 244.08	
9. Federal share of cancelled warrants for previous months (total Column 9, Form CA 804).....	\$ 9.00	
10. Federal share of collections (total Column 8, Form CA 805, formerly Form CA 34-DPA).....	\$ 2.86	
11. Total of Items 9 and 10.....	\$ 11.86	
12. Net amount due from Federal Funds for aid (Item 8 minus Item 11).....	\$ 232.22	
13. TOTAL AMOUNT DUE FROM FEDERAL FUNDS FOR AID (Item 12, Col. A plus Item 6, Col. B)	\$ 243.72	

AMOUNT DUE FROM STATE FUNDS FOR AID	FOR CURRENT MONTH	FOR PRIOR MONTHS
14. Total amount due from State Funds for aid (same as Item P, Column 4, Form CA 802).....	\$ 391.07	\$ 105.57
15. State share of adjustments (total Column 8, Form CA 803).....	\$ 104.17	
16. Item 14 plus or minus Item 15.....	\$ 286.90	
17. State share of cancelled warrants for previous months (total Column 10, Form CA 804).....	\$ 15.00	
18. State share of collections (total Column 9, Form CA 805, formerly Form CA 34-DPA).....	\$ 4.76	
19. Total of Items 17 and 18.....	\$ 19.76	
20. Net amount due from State Funds for aid (Item 16 minus Item 19)...	\$ 267.14	
21. TOTAL AMOUNT DUE FROM STATE FUNDS FOR AID (Item 20, Col. A plus Item 14, Col. B)	\$ 372.61	

AMOUNTS FOR REPORTING PURPOSES ONLY	FOR CURRENT MONTH	FOR PRIOR MONTHS	APPROVAL STAMP
22. Total aid paid (Item A, Form CA 802).....	\$ 309.56	\$ 155.00	
23. Total adjustments (total Column 6, Form CA 803).....	\$ 168.50		
24. Total cancelled warrants for previous months (total Column 8, Form CA 804).....	\$ 31.50		
25. Total collections (total Column 7, Form CA 805, formerly Form CA 34-DPA).....	\$ 10.00		

STATE OF CALIFORNIA, COUNTY OF XXX See I, Jane Doe  
being duly sworn, depose and say: That I am the county official responsible for the administration of Aid to Needy  
Children in and for the said county; that all the provisions of Chapter 1 of Part 2 of Division II of the Welfare  
and Institutions Code, and amendments thereto, and Title IV of the Social Security Act, and amendments thereto,  
have been complied with to the best of my knowledge and belief.SUBSCRIBED AND SWORN TO BEFORE ME THIS Seventh DAY January, 1945 Jane Doe  
SIGNATURE OF WELFARE DIRECTOR OR OFFICIAL IN CHARGEof FEBRUARY, 1945 TITLE WELFARE DIRECTORAPPROVED Richard Roe CHAIRMAN, BOARD OF SUPERVISORSTITLE DEPUTY COUNTY CLERKI hereby certify that warrants covering all amounts due under the law have been issued and charged to funds  
for aid in accordance with the Needy Children Law, Chapter 1 of Part 2 of Division II of the Welfare and In-  
stitutions Code and amendments thereto.

(SEAL)

Signature of County Auditor

Form CA 800, effective January 1, 1944  
Affidavit to accompany monthly Toucher Aid  
Payroll (Form CA 801)

CREDIT VOUCHER CLAIM-AID

## FORM CA 801

Forward TWO copies to  
STATE DEPARTMENT OF SOCIAL WELFARE  
Sacramento, CaliforniaWarrants Dated January 2, 1945  
(Except as otherwise shown in Column 7)

## CLAIM FOR FEDERAL AND STATE AID TO NEEDY CHILDREN

(Excluding aid paid under Section 1556.5 of the Welfare and Institutions Code)

Paid by XXX County, CaliforniaFor the Month of JANUARY, 1945

(INDICATE NON-COUNTY CASES BY (\*) IN COLUMNS 1 AND 8)

(1) STATE NUMBER	(2) NAMES OF PAYEE NAMES OF CHILDREN FAMILY	(3) NO. OF CHILDREN (A) (B) EL. INEL.	(4) WARRANT AMOUNT	(5) BASIS FOR STATE PARTICIPATION (A) (B) EL. TO INEL. TO FEDERAL FEDERAL	(6) BASIS FOR FEDERAL PARTICI- PATION	(7) REMARKS	(8) WARRANT NUMBER
1	Elizabeth White Smith, Andrew Harry Jean	2 1	61.50	41.00 20.50	30.00	(See Sec. 627-20, Appor- tionments of Grants on Pay Rolls or Claims - ANC, Item A.)	500
2	Fannie Bleck Bleck, Flora Laure Robert Jones, June Roy	5	90.00	90.00	66.00	(See Sec. 627-20, Two or More Family Budget Units in One Household.)	501
3	Sarah White White, Floyd Jack Arlene Robert	3 1	91.40	68.90 22.50	42.00	(See Sec. 627-20, Appor- tionments of Grants on Pay Rolls or Claims - ANC, Item B, and Sec. 627-20, Two or More Family Budget Units in One Household.)	502
4	Ide Allen Allen, Helen Mabel Sally Lawrence	4	60.00	60.00	54.00	(See Sec. 627-20, Appor- tionments of Grants on Pay Rolls or Claims - ANC, Item E; Sec. 627-20, Basis for Federal Participation - ANC, and Sec. 627-20, Two or More Family Budget Units in One Household.)	503
5	John Robert Robert, Joan* Susan William	2 1	65.00	*26.50 31.50	*12.00 16.00	(See Sec. 627-20, Basis for Federal Participation - ANC.)	504
6	Helen Frye Frye, Alice	1	17.86	17.86	17.86	(See Example C, Sec. 627-20, Partial Month Claims - Basis for Federal Participation.)	505
7	Alice Hicks Hicks, John	1	17.42	17.42	17.42	(Warrant dated 1/7/45) (See Sec. 627-20, Computa- tion of Payments when Child Transfers from Board to Home or Institution to Private Home.)	506
8	Mary French French, Elsie	1	24.00	24.00	16.00	(See Example B, Sec. 627-20, Computation of Payments when Child Transfers from a Private Home to a Boarding Home or Institution.)	507
9	Ellen Hughes Hughes, Opal	1	12.00	12.00	12.00	* (Ex. C.)	508
10	Elizabeth Nielsen Nielsen, Winifred Ruth Mery	3	40.00	40.00	40.00	(See Example A, Sec. 627-20, Federal Participa- tion when an Additional Child Becomes Eligible for Aid During Month.)	509
11	Leslie Sierrre Sierrre, Jack Florence Norman	3	70.00	66.13	42.00	* (Ex. B.)	510
12	Ann Ridge Ridge, Mery Louise Sarah	3	45.00 6.38	51.38	26.38	* (Ex. C.) (Warrant Dated 1/17/45)	511 512
13	James Blake Blake, Arthur Myrtle	1 1	54.00	*31.50 *22.50	*18.00	(Warrant dated 1/17/45) (See Sec. 627-20, Appor- tionments of Grants on Pay Rolls or Claims - ANC.)	513
14	Rose Johnson Bleck, Robert James Fred Johnson, Lole Alice	3 2	75.00	35.00 40.00	35.00	(See Sec. 627-20, Appor- tionments of Grants on Pay Rolls or Claims - ANC, Item C.)	519
15	Cynthia Brown Brown, Doris Alete Henry Florence Bruce	3 2	60.00	42.00 18.00	42.00	* Item B.	520

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FORM CA 802

State of California

Forward Two Copies to  
State Department of Social Welfare  
Sacramento, California

## RECAPITULATION SHEET

From XXX County  
FOR AID TO NEEDY CHILDREN  
Month of JANUARY, 1944  
SUPPLEMENT FOR PRIOR MONTHS

ITEM A. TOTAL AID PAID  
(Total warrant Column 4, Form CA 801)  
(To be carried forward to Item 22 on Affidavit, Form CA 800) \$ 155.00

ITEM B. TOTAL BASIS FOR STATE PARTICIPATION  
(Total Column 5A and 5B, Form CA 801)  
(To be carried forward to Item 1 on Affidavit, Form CA 800) \$ 125.00

ITEM C. TOTAL INELIGIBLE FOR FEDERAL PARTICIPATION  
(Total Column 5B, Form CA 801)  
(To be carried forward to Item 2 on Affidavit, Form CA 800) \$ 90.00

ITEM D. TOTAL ELIGIBLE FOR FEDERAL PARTICIPATION  
(Total Column 5A, Form CA 801)  
(To be carried forward to Item 3 on Affidavit, Form CA 800) \$ 35.00

COMPUTATION OF FEDERAL, STATE, AND COUNTY SHARES:

	COLUMN 1 Basis for Federal Participation	COLUMN 2 Basis for Federal Partici- pation (Col. 6 on Pay- roll, Form CA 801)	COLUMN 3 Federal Share (1/2 of Col. 2 on Recapitula- tion sheet, Form CA 802)	COLUMN 4 State Share	COLUMN 5 County Share
CASES HAVING REQUIRED COUNTY RESIDENCE					
ITEM E) ELIGIBLE FOR FEDERAL PARTICIPATION (Total of these cases in Column 5A on Payroll, Form CA 801, show in Column 1. Show Federal amounts in Columns 2 and 3.)	\$ 35.00	\$ 23.00	\$ 11.50		
F) INELIGIBLE FOR FEDERAL PARTICIPATION (Total of these cases in Column 5B on Payroll, Form CA 801)					
G) TOTAL ITEMS E AND F	\$ 35.00				
H) LESS FEDERAL SHARE (Same as Item E, Column 3)	\$ 13.50				
I) BASIS FOR COMPUTING STATE SHARE (Item G less Item H)	\$ 23.50				
J) STATE SHARE (2/5 of Item I Show in Col. 4)			\$ 15.67	\$ 7.83	
CASES NOT HAVING REQUIRED COUNTY RESIDENCE					
ITEM K) ELIGIBLE FOR FEDERAL PARTICIPATION (Total of these cases in Column 5A on Payroll, Form CA 801, show in Column 1. Show Federal amounts in Columns 2 and 3.)	\$	\$	\$		
L) INELIGIBLE FOR FEDERAL PARTICIPATION (Total of these cases in Column 5B on Payroll, Form CA 801)	\$ 90.00				
M) TOTAL ITEMS K AND L	\$ 90.00				
N) LESS FEDERAL SHARE (Same as Item K, Column 3)	\$				
O) STATE SHARE (Item M less Item N)			\$ 90.00		
P) TOTALS		\$ 23.00	\$ 11.50	\$ 105.67	\$ 7.83

Form CA 802—Effective January 1, 1944  
Recapitulation Sheet  
To accompany Pay Roll (Form CA 801) for  
Federal and State Grants of Children's Aid.

Item E plus  
Item K.  
(Amount  
carried for-  
ward to Item 5  
on Affidavit,  
Form CA 800.)

Item E plus  
Item L.  
(Amount  
carried for-  
ward to Item 6  
on Affidavit,  
Form CA 800.)

Item J plus  
Item O. (Amount  
carried for-  
ward to Item 14  
on Affidavit,  
Form CA 800.)

Same as  
Item J  
(County  
use only)

State of California

## REPORT OF ADJUSTMENTS

Submit two copies to  
State Department of Social Welfare  
Sacramento, California

FROM XXX COUNTY

## FOR AID TO NEEDY CHILDREN

To Accompany JANUARY 19 44, Monthly Children's Aid Claim

(1) FAMILY	(2) NAME OF PAYEE GIVEN	(3) NAMES OF CHILDREN FAMILY	(4) STATE NUMBER	(5) PERIOD COVERED BY ADJUSTMENT	(6) REASON FOR ADJUSTMENT	(7) TOTAL AMOUNT OF ADJUSTMENT (SEE NOTE BELOW)	(8) FEDERAL	(9) STATE	(10) COUNTY	(11) DO NOT WRITE IN THIS COLUMN
Brown	Blanche	Brown, Helen Edwin	51	1/1/42 - 12/1/42	Excess Income	162.50	6.25	104.17	52.08	

Form CA 801, Revised November, 1941

(Form CA 802 should be submitted for each repayment upon its receipt by the County and prior to its being reported on this schedule.)

State of California

## REPORT OF CANCELLED WARRANTS

Submit two copies to  
State Department of Social Welfare  
Sacramento, California

FROM XXX COUNTY

## FOR AID TO NEEDY CHILDREN

To Accompany JANUARY 19 44, Monthly Children's Aid Claim

(1) FAMILY	(2) NAME OF PAYEE GIVEN	(3) NAMES OF CHILDREN FAMILY	(4) STATE NUMBER	(5) WARRANT NUMBER	(6) WARRANT DATE	(7) MONTH AND YEAR CLAIMED	(8) WARRANT AMOUNT	(9) BASIS FOR STATE PARTICIPATION	(10) FEDERAL	(11) STATE	(12) COUNTY	(13) DO NOT WRITE IN THIS COLUMN
Burns	Helen	Hughes, Opal	8	307	11/1/43	11/43	31.50	31.50	9.00	15.00	7.50	

Form CA 804, Revised November, 1941

CURRENT CANCELLATIONS SHOULD BE CROSSED OFF THE PAYROLL AND NOT INCLUDED IN THE TOTALS

STATE OF CALIFORNIA

## REPORT OF COLLECTIONS

Submit two copies to  
STATE DEPARTMENT OF SOCIAL WELFARE  
SACRAMENTO, CALIFORNIA

FROM XXX COUNTY

## FOR AID TO NEEDY CHILDREN

To Accompany JANUARY 19 44, MONTHLY CHILDREN'S CLAIM

(1) FAMILY	(2) NAME OF PAYEE GIVEN	(3) NAMES OF CHILDREN FAMILY	(4) STATE NUMBER	(5) DATE OF COLLECTION	(6) PERIOD COVERED BY COLLECTION	(7) REASON FOR COLLECTION	(8) TOTAL AMOUNT OF COLLECTION	(9) FEDERAL	(10) STATE	(11) COUNTY
Frye	Helen	Frye, Alice	6	1/13/44	June 1943	Voluntary	10.00	2.85	4.76	2.38

Form CA 805 (formerly Form CA 34-DFA)

629-99 (Continued)

FORM CA 803

629-99

FINANCE

PROCEDURES—COUNTY AID CLAIM

FORM CA 804

FORM CA 805

629-99

Public Assistance Program

(Section Continued on Next Page)



629-99 (Continued)

629-99

STATE OF CALIFORNIA

FORWARD TWO COPIES TO  
STATE DEPARTMENT OF SOCIAL WELFARE  
SACRAMENTO, CALIFORNIA

FORM CA 802

## RECAPITULATION SHEET

From XXX County

FOR AID TO NEEDY CHILDREN

For Month of JANUARY, 1945

ITEM A. TOTAL AID PAID  
(Total Warrant Col. 4, Form CA 801)  
(To be carried forward to Item 22 on Affidavit, Form CA 800) \$ 809.56

ITEM B. TOTAL BASIS FOR STATE PARTICIPATION  
(Total Columns 5A and 5B, Form CA 801)  
(To be carried forward to Item 1 on Affidavit, Form CA 800) \$ 803.19

ITEM C. TOTAL INELIGIBLE FOR FEDERAL PARTICIPATION  
(Total Column 5B, Form CA 801)  
(To be carried forward to Item 2 on affidavit, Form CA 800) \$ 146.00

ITEM D. TOTAL ELIGIBLE FOR FEDERAL PARTICIPATION  
(Total Column 5A, Form CA 801)  
(To be carried forward to Item 3 on Affidavit, Form CA 800) \$ 657.19

COMPUTATION OF FEDERAL, STATE, AND COUNTY SHARES:

	COLUMN 1 Basis for State Participation	COLUMN 2 Basis for Fed- eral Partici- pation (Col. 6 on Pay Roll, Form CA 801)	COLUMN 3 Federal Share (1/2 of Col. 2 on recapitula- tion sheet, Form CA 802)	COLUMN 4 State Share	COLUMN 5 County Share
<b>CASES HAVING REQUIRED COUNTY RESIDENCE</b>					
Item E) Eligible for Federal Participation Total of these cases in Column 5A on Pay Roll, Form CA 801, show in Column 1. (Show Federal amounts in Columns 2 and 3)	\$ 597.19	\$ 470.66	\$ 235.33		
F) Ineligible for Federal Participation Total of these cases in Column 5B on Pay Roll, Form CA 801.	\$ 123.50				
G) Total Items E and F	\$ 720.69				
H) Less Federal Share (Same as Item E, Column 3)	\$ 235.33				
I) Basis for computing State share (Item G less Item H)	\$ 485.36				
J) State Share (2/3 of Item I show in Col. 4) County Share (1/3 of Item I show in Col. 5)				\$ 323.57	\$ 161.79
<b>CASES NOT HAVING REQUIRED COUNTY RESIDENCE</b>					
Item K) Eligible for Federal Participation Total of these cases in Column 5A on pay roll, Form CA 801, show in Column 1. (Show Federal Amounts in Columns 2 and 3)	\$ 60.00	\$ 30.00	\$ 15.00		
L) Ineligible for Federal Participation Total of these cases in Column 5B on Pay roll, Form CA 801.	\$ 22.50				
M) Total Items K and L	\$ 82.50				
N) Less Federal Share (Same as Item K, Column 3)	\$ 15.00				
O) State Share (Item M Less Item N)				\$ 67.50	
P) TOTALS		\$ 500.66	\$ 250.33	\$ 391.07	\$ 161.79

Form CA 802, Effective January 1, 1944  
Recapitulation Sheet  
To Accompany Pay Roll (Form CA 801) for  
Federal and State Grants of Children's  
Aid

Item E plus  
Item K. (Amount  
carried forward  
to Item 5 on  
Affidavit,  
Form CA 800.)

Item E Plus  
Item K. (Amount  
carried forward  
to Item 6 on  
Affidavit,  
Form CA 800.)

Item J plus  
Item O. (Amount  
carried forward  
to Item 14 on  
Affidavit,  
Form CA 800.)

Same as  
Item J.  
(County  
use only)

(Section Continued on Next Page)





629-99 (Continued)

629-99

Form CA 800 BHI

State of California

AID AFFIDAVIT

Forward Two Copies to  
State Department of Social Welfare  
Sacramento, CaliforniaFrom XXX County

For the Support of

NEEDY CHILDREN MAINTAINED IN BOARDING HOMES AND INSTITUTIONS

(As Provided Under Section 1556.5 of the Welfare and Institutions Code)

Month of JANUARY, 1945 Fiscal Year  
(State Use Only)

AMOUNT DUE FROM STATE FUNDS FOR AID		FOR CURRENT MONTH COLUMN A	FOR PRIOR MONTHS COLUMN B
1. Total basis for State participation (total Columns 5A and 5B, Form CA 801 BHI) Number of Children: Current month <u>5</u> ; prior months .....		\$ 89.51	\$ 10.00
2. Total amount due from State funds for aid (2/3 of Column 5A plus total Column 5B, Form CA 801 BHI).....		\$ 67.17	\$ 6.67
3. State share of adjustments (total Column 8, Form CA 803).....	\$ .....		
4. State share of cancelled warrants for previous months (total Column 10, Form CA 804).....	\$ .....		
5. State share of collections (total Column 9, Form CA 805, formerly Form CA 34-DFA).....	\$ .....		
6. Total of Items 3, 4, and 5.....	\$ .....		
7. Net amount due from State funds for aid (Item 2 minus Item 6).....		\$ 67.17	
8. TOTAL AMOUNT DUE FROM STATE FUNDS FOR AID (Item 7, Col. A plus Item 2, Col. B)			\$ 73.84

AMOUNTS FOR REPORTING PURPOSES ONLY		FOR CURRENT MONTH	FOR PRIOR MONTHS	APPROVAL STAMP
9. Total aid paid (total warrant column 4, Form CA 801 BHI).....		\$ 106.52	\$ 10.00	
10. Total adjustments (total Column 6, Form CA 803)...	\$ .....			
11. Total cancelled warrants for previous months (total Column 8, Form CA 804).....	\$ .....			
12. Total collections (total Column 7, Form CA 805, formerly Form CA 34-DFA).....	\$ .....			

STATE OF CALIFORNIA

COUNTY OF XXX

}

} ss.

I, Jane Doe, being duly sworn, depose and say: That I am the county official responsible for the administration of Aid to Needy Children in and for the said county; that all the provisions of Chapter 1 of Part 2 of Division II of the Welfare and Institutions Code, and amendments thereto, have been complied with to the best of my knowledge and belief.

Subscribed and sworn to before me this seventh dayof February, 1945

Signature of Welfare Director or Official in Charge

TITLE DirectorAPPROVED Richard Roe  
Chairman, Board of SupervisorsTITLE Deputy County Clerk

I hereby certify that warrants covering all amounts due under the law have been issued and charged to funds for aid in accordance with the Needy Children Law, Chapter 1 of Part 2 of Division II of the Welfare and Institutions Code and amendments thereto.

(SEAL)

John Smith  
Signature of County Auditor

Form CA 800 BHI, effective January 1, 1944  
Affidavit to accompany monthly Payroll  
(Form CA 801 BHI)

CASH CLAIM- AID

(Section Continued on Next Page)

*Inserted in Manual before received on May 2, 1945*  
Earl Warren  
Governor

MAIN OFFICE  
SACRAMENTO  
616 K STREET  
(14)

LOS ANGELES OFFICE  
WASHINGTON BUILDING  
311 SOUTH SPRING STREET  
(13)

SAN FRANCISCO OFFICE  
DAVID HEWES BUILDING  
995 MARKET STREET  
(3)

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento 14  
May 2, 1945

SOCIAL WELFARE BOARD  
BEN KOENIG, CHAIRMAN  
1680 NORTH VINE STREET  
LOS ANGELES  
MRS. MARY E. BARKWILL  
ROUTE 1, BOX 55  
LINDSAY  
JOHN C. CUNEO  
922 J STREET  
MODESTO  
WILFORD H. HOWARD  
1815 REDWOOD HIGHWAY SOUTH  
SANTA ROSA  
GERALD C. KEPPLER  
135 NORTH BRIGHT AVENUE  
WHITTIER  
JOHN T. MARTIN  
1170 SEVENTH AVENUE  
SAN DIEGO  
MRS. JESSIE S. WILLIAMSON  
2816 OAK KNOLL TERRACE  
BERKELEY

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

IN REPLY PLEASE REFER  
TO:

Dear Mr. Jordan:

Attached are three copies of regulations, currently effective, made by the State Department of Social Welfare.

These regulations are filed in accordance with Article 21 of Chapter 3 of Title 1 of Part 3 of the Political Code as amended by Chapter 628, Statutes of 1941.

Very sincerely yours,

*Charles M. Wollenberg*  
CHARLES M. WOLLENBERG, Director<sup>232</sup>  
Department of Social Welfare

Encl.  
b5



MAIN OFFICE  
616 K Street  
Sacramento

LOS ANGELES OFFICE  
Washington Building  
311 South Spring Street

SAN FRANCISCO OFFICE  
David Hewes Building  
995 Market Street

Earl Warren  
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
May 2, 1945

FILED  
in the office of the Secretary of State  
of the State of California

MAY 4-1945

FRANK M. JORDAN, Secretary of State

By *[Signature]*  
Deputy

1297

MANUAL LETTER NO. 77

The attached manual revisions are to be entered in your copy of the Manual of Policies and Procedures and the revision numbers cancelled on the separators for the revised chapters. Revision numbers are listed for the five chapters as follows:

Real Property	Revision 65
Income	Revision 28
Investigation and Decision	Revision 93 thru 95
Continuing Services	Revision 62 thru 65
Special Services	Revision 19 thru 21

These revisions were approved by the Social Welfare Board on April 26, 1945.

Revised Sec. 151-50, Net Income from Wages, Salaries and Commissions, provides that the net income from a recipient's earnings is that amount which remains after all mandatory deductions are made and after allowing for expenses incident to the employment. Additional specific items to be considered in determining the net are personal income withholding taxes and social security deductions for OASI and Unemployment Insurance. (Income withholding tax and social security deductions are not deductible when determining the net income of a responsible relative for purpose of fixing liability for support according to the Relatives' Contribution Scale.)

Revised Sec. 233-50, Verification of Plan for Self-Support, outlines the purpose and methods of determining the adequacy of plans for self-support in APSB. New Sec. 233-55, Verification of Plan For Rehabilitation, describes the method of determining the adequacy of the plan for rehabilitation in ANB when the recipient owns cash, securities, or cash surrender value of insurance in excess of \$600.

Revised Sec. 351-05, Date of Reinvestigation, defines the date of reinvestigation and describes methods for adjusting the due date for reinvestigations to conform to the annual reinvestigation requirement.

Sections 460-82 thru 460-90 are a new series of sections describing benefits accruing to veterans and their dependents. Note that Secs. 460-86 and 460-88 replace Sec. 460-92 which has been deleted.

STATEMENTS CONTAINED IN THE MANUAL TAKE PRECEDENCE  
OVER SAME MATERIAL PREVIOUSLY RELEASED IN BULLETINS

**135-25 DURATION OF INELIGIBILITY DUE TO TRANSFER OF PROPERTY TO  
QUALIFY FOR AID  
OAS, ANB, APSB, ANC**

135-25

When an applicant in OAS, ANB, or APSB, or a child in ANC, is disqualified because of transfer of property with intent to qualify for aid as set forth in Sec. 135-00, Transfer of Real Property to Qualify for Aid, the duration of future ineligibility shall be governed by the following general statement of policy.

The applicant in OAS, ANB, or APSB, or child in ANC, becomes ineligible for a period of time following transfer of property for the purpose of qualifying for aid. In determining the period in ineligibility following such a transfer the value of the property transferred is considered and no allowance is made for the amount of property which an eligible recipient is permitted to own. The duration of future ineligibility is based upon the period that a reasonable return for the grantor's equity in the property had it been sold, together with other income, would have supported the grantor and those dependent upon him. The period should be based on a monthly rate of expenditure beginning with \$94 in the case of a single person without dependents and \$144 in the case of a married person, living with a spouse, without other dependents. The rate of expenditure for a married person with dependents shall be the same as the amount set forth for a married person living with a spouse, plus \$20 for each additional dependent.

Should the property be reconveyed to the grantor, or should a life estate interest in it be conveyed to him and recorded, or should he receive reasonably adequate consideration for it subsequent to its transfer, the condition which caused ineligibility would no longer exist. Aid shall be granted upon such a determination, provided eligibility otherwise exists.

When the facts demonstrate a desire and effort of the grantor to recover the property, but none of the foregoing adjustments are possible, either because the transferred property has been sold in a bona fide sale to a third party or the equity in it cannot be recovered, the duration of ineligibility shall not be held to exceed one year from the date of transfer.

Unless there is evidence that the contract is not enforceable, a transfer of real property, subject to the condition that the donee will provide full support for the donor for the remainder of his life renders the donor ineligible as he has entered into a contract for life care. When an enforceable contract of this nature provides for less than full support, the amount provided shall be considered income.

(SEE SECS. 143-30, INMATE'S INTEREST RESULTING FROM ASSIGNMENT OF PROPERTY TO NONPROFIT INSTITUTION AND 163-60, LIFE-CARE CONTRACTS IN NONPROFIT, FRATERNAL AND BENEVOLENT INSTITUTIONS.) (W&IC 1520, 1560, 2140, 2160G, 3047, 3075, 3447, 3460)



**135-15 TRANSFER OF SEPARATE REAL PROPERTY OF SPOUSE  
OAS****135-15**

An applicant may be ineligible if a voluntary assignment or transfer of real property has been made by his spouse for the purpose of qualifying the applicant for aid. Such an assignment is subject to the same presumption of innocence of intent as is applicable to transfers made prior to the beginning date of the required property search and to transfers of property of a value less than the maximum set by law. (SEE SEC. 135-00, TRANSFER OF REAL PROPERTY TO QUALIFY FOR AID.) (W&IC 2007, 2140, 2160G, 2165; AGO NS3782)

Real property owned by a separated spouse which is exempt from consideration in determining the applicant's eligibility may be transferred at will by the spouse without affecting the applicant's eligibility for aid. (SEE SEC. 131-18, OWNERSHIP OF REAL PROPERTY BY SEPARATED SPOUSE.) (AGO NS5202)

**135-20 TRANSFER OF SEPARATE REAL PROPERTY OF SPOUSE  
ANB, APSB****135-20**

Since the assessed value of combined real property is not a factor in eligibility under the ANB and APSB laws, an applicant or recipient may join the spouse in transfer of the latter's separate property without disqualifying himself for aid. (W&IC 3047, 3075, 3447, 3460)

**151-60 INCOME FROM ANNUITIES, PENSIONS, COMPENSATION, TRUST FUNDS, ETC.  
OAS, ANB, APSB, ANC**

**151-60**

Monies received from the following sources constitute income in the month received: (This list is not necessarily all-inclusive.)

1. Annuities;
2. Pensions (civil and military), including allowances to dependents of servicemen;
3. Benefits from industrial concerns, unions or lodges;
4. Old Age and Survivors Insurance;
5. Industrial compensation payments except when the full award is made in a single payment. (A single payment in satisfaction of the full award is personal property.);
6. Unemployment compensation payments;
7. Trust funds;
8. In OAS, ANB, and APSB, services or care received under an enforceable contract.

For methods of verifying UI and OASI see Secs. 233-30, Verification of Unemployment Insurance, and 233-35, Verification of Old Age and Survivors Insurance. (W&IC 1511, 1560, 2020, 2140, 3075, 3084, 3460, 3472)

**151-65 INCOME FROM SERVICEMEN'S DEPENDENTS ALLOWANCE ACT  
OAS, ANB, APSB, ANC**

**151-65**

Servicemen's dependents allowances are considered income. Dependent upon the family need (or evidence of the intent of the serviceman) servicemen's dependents allowances may be allocated to best meet the needs of the family group. The case record shall show what allocation was made and the reason. The spouse of a recipient may apply to his or her own support and the support of his dependent children such of the income from servicemen's dependents allowances as is necessary before applying the remainder, if any, to the support of the recipient. When a serviceman's allowance is received by either of a couple, the spouse (unless otherwise stipulated by the serviceman) may be allotted as much thereof as is necessary for his or her own support. (W&IC 2003, 2020, 2140, 2142.5, 3075, 3084, 3460, 3472)

Since a mother in ANC is responsible for the support of her children from any income she receives, an allowance paid for her benefit must be considered as income to the family budget unit. An allowance received for the benefit of a specific child or children in a family group is considered specifically for the support of such child or children. (W&IC 1511, 1560)



**151-50 NET INCOME FROM WAGES, SALARIES AND COMMISSIONS  
OAS, ANB, APSB****151-50**

The net income from wages, salaries or commissions paid for services rendered by a recipient is that amount which remains after all obligatory and mandatory deductions are made and after allowing for the expense incurred incident to the securing and retention of the employment. Such expenses may include:

1. Personal income withholding taxes.
2. Social security taxes (unemployment insurance, old age and survivor's insurance, etc.).
3. Food--The reasonable cost of lunches or other meals necessarily purchased away from home due to employment.
4. Clothing--The cost of purchase of suitable clothing for employment. Although purchase of new clothing may not be necessary, employment may result in increased cost of clothing replacement.
5. Laundry and Cleaning Service--The cost of laundry and cleaning service if necessary because of employment.
6. Transportation--Cost of transportation incident to employment.
7. Union Dues--If union dues are paid.
8. Equipment--This may include the cost of tools necessary to the employment, the cost of camp tents, camp stoves, etc., if necessary because of employment away from home.

The case record shall show the method used in verifying the gross income. Those items which are deducted from the gross shall be clearly set forth so that the method by which the net income is computed is clearly indicated.

Monies paid to a recipient on the order of the State Labor Commissioner or as the result of court action and which represent delayed payment of wages for past services rendered shall be considered income in the month received. (SEE SEC. 146-05, JUDGMENTS AND COMPENSATION AS PERSONAL PROPERTY.) (W&IC 2140, 3075, 3460)

In OAS and ANB, net income which is determined to be casual income shall be disregarded when determining the grant of aid. (SEE SECS. 150-40, DEFINITION OF CASUAL INCOME AND INCONSEQUENTIAL RESOURCES, AND 153-80, ALLOCATION OF INCOME TO SPOUSE.) (W&IC 2020, 3084)

In OAS, income from work which falls within the definition of agricultural labor as set forth in Sec. 151-93, Definition of Agricultural Labor, may or may not affect the amount of the current grant of those recipients who receive an aid payment in July, 1943. (SEE SEC. 151-95, INCOME FROM AGRICULTURAL LABOR.) (W&IC 2140)

**233-25 VERIFICATION OF INCOME  
OAS, ANB, APSB, ANC****233-25**

All income received by an applicant for or recipient of OAS, ANB, APSB, and in ANC by the parent and/or children shall be verified and the net income determined, except for agricultural income of OAS recipients who come within the provisions of Sec. 151-95, Income from Agricultural Labor. The statement of the OAS recipient who has income from agricultural labor as defined in Sec. 151-93, Definition of Agricultural Labor, and who comes within the requirements of Sec. 151-95, is acceptable verification of his earnings from that source. The case record shall show all of the facts which led to the conclusion that the employment is agricultural labor. Verification of the fact that the employment falls within the definition of agricultural labor shall be made when question arises as to the nature of the employment.

In OAS, except for agricultural income, and in ANB, and APSB, the case record shall show the methods used in verifying the gross income and in computing the net income. In ANC, the budget for the family unit shall show how the net income was determined.

The method of verification varies with the type of income. Ordinarily, income should be verified through the most direct source, such as employer, tenant, bank, etc. When employment is irregular and performed for different employers, or when the applicant operates his own business, his own record of his income and/or disbursements may be the only source of verification. He may have in his possession documents which substantiate his statements. (W&IC 1560, 2140, 3075, 3460)

(SEE SECS. 233-30, VERIFICATION OF UNEMPLOYMENT INSURANCE, AND 233-35, VERIFICATION OF OLD AGE AND SURVIVORS INSURANCE.)

**233-30 VERIFICATION OF UNEMPLOYMENT INSURANCE  
OAS, ANB, APSB, ANC****233-30**

The applicant or recipient or in ANC the parent or person in loco-parentis is the primary source of information as to the UI payment. Documents in the person's possession can usually establish whether he is receiving these benefits. (SEE SEC. 151-60, INCOME FROM ANNUITIES, PENSIONS, COMPENSATION, TRUST FUNDS, ETC.)

When satisfactory information cannot be secured in this way, and the person's employment record indicates he may be receiving or may be eligible to receive UI, he may be requested to make inquiry at the local UI office in order to clarify the question. (W&IC 1560, 2140, 3075, 3460)



**233-35 VERIFICATION OF OLD AGE AND SURVIVORS INSURANCE  
OAS, ANB, APSB, ANC****233-35**

The applicant or recipient or in ANC the parent or person in loco-parentis is the primary source of verification of receipt of OASI. (SEE SEC. 151-60, INCOME FROM ANNUITIES, PENSIONS, COMPENSATION, TRUST FUNDS, ETC.) When a claim has already been filed the award or disallowance letter should be seen when available. Further inquiry is not necessary and facts stated in such letter shall be recorded in the case record.

When clear evidence as to eligibility for insurance benefits exists and/or the individual's employment record clearly indicates some reasonable possibility of eligibility, and satisfactory information cannot be secured through the applicant or recipient, the county shall send inquiry on Request for OASI Information (Form DPA1) to the field office of the OASI Bureau.

When the applicant has already filed a claim but the award or disallowance letter is not available, four copies of the Form DPA 1 shall be completed. Signature of the claimant on the Form DPA 1 is not necessary, since his signed Authorization for Financial Investigation (Forms Ag, B1 and CA 228) which includes authority to clear with the OASI Bureau, shall be in the county file. The original and two copies of Form DPA 1 shall be mailed to the local field office of the OASI Bureau, and the fourth copy retained in the county file.

When the applicant has not filed claim four copies of the Form DPA 1 shall be prepared. The county shall give the original and two copies to prospective claimant to take to the local OASI office. The fourth copy is filed in the county case record. The OASI office reports the results of the interview on the third copy which is returned to the county. When the applicant is obviously ineligible, the original copy of Form DPA 1 is returned to the county.

When a claim has already been filed and the field office has received a copy of the award or disallowance letter, the duplicate and third copy of Form DPA 1 are returned to the county and final disposition of claim is indicated. When a claim has already been filed and forwarded to Washington for adjudication but the field office has not yet received a copy of letter of award or disallowance, the original and duplicate copy of Form DPA 1 is forwarded to the Washington, D.C., OASI Bureau who notifies the county of final disposition of the claim by returning the duplicate copy.

When a claim is filed as a result of referral by the county both the original and the duplicate copy of Form DPA 1 accompany the formal claims application to the OASI Bureau in Washington, D.C. That bureau notifies the county directly regarding final disposition of claim by returning the duplicate copy. When additional information is required by OASI field office, the original and

(Section Continued on Next Page)

**233-40 VERIFICATION OF FAMILY ALLOWANCES FOR DEPENDENTS OF SERVICEMEN 233-40**  
**OAS, ANB, APSB, ANC**

The applicant or recipient is the primary source of information concerning the receipt and the amount of allowances from servicemen (SEE SECS. 460-00 THROUGH 460-60 FOR INFORMATION REGARDING THE PROVISIONS OF THE SERVICEMEN'S DEPENDENTS ALLOWANCE ACT).

Since the Office of Dependency Benefits has consistently maintained that its relationship is solely with servicemen and their dependents, public assistance agencies should not write the ODB about particular case situations except as a last resort. See Sec. 460-35, Offices of Army, Navy, Marine Corps and Coast Guard Administering Servicemen's Dependents Allowance Act, for address of the Army, Coast Guard, Marine, and Navy agencies where dependents should write for information. When the family, recipient, or applicant cannot prepare the inquiry, necessary assistance should be given in its preparation, but the agency should not be identified with the inquiry. It should be made clear to the family, applicant or recipient that letters of inquiry to the ODB should include the serial number of the serviceman and other known identifying information (such as application number, rank of the serviceman and his present address, etc.) since all correspondence relating to allowances is filed by serial number. Omission of identifying information will result in delaying a reply, and in many cases, make a reply impossible.

Public Assistance payments made to families or individuals are not considered in determining the type or the amount of a dependency allowance by the ODB. (SEE SECS. 152-50, CONTRIBUTIONS FROM LEGALLY RESPONSIBLE RELATIVES AS INCOME, AND 153-80, ALLOCATION OF INCOME TO SPOUSE, FOR POLICIES REGARDING ALLOCATION OF DEPENDENCY ALLOWANCES AS INCOME.) (W&IC 1560, 2140, 3075, 3460; FSSB)

**233-45 VERIFICATION OF RAILROAD RETIREMENT ANNUITIES OR BENEFITS 233-45**  
**OAS, ANB, APSB, ANC**

Information regarding the amount of retirement annuity granted a retired or totally disabled railroad employee or the amount of benefits paid to his beneficiary may be secured from the Railroad Retirement Board, 844 Rush Street, Chicago, Illinois, when the applicant does not have letters in his possession which establish the amount of his annuity or benefits.

The former employee, his guardian or his beneficiary shall be required to authorize the release of such information by signing the authorization for Financial Investigation (Form Ag, B1, CA 228) and indicating his RRB file number. The signature shall be witnessed by two persons who know the employee. Their full addresses shall be included. The original Form Ag, B1, CA 228, is sent to the Director of Retirement Claims of the RRB, accompanied by a letter requesting the desired information and giving the reason for the request.

Questions which arise regarding eligibility for annuities or benefits, and applications for same, may be filed in the local district office of the RRB. (W&IC 1560, 2140, 3075, 3460)



233-35 (Continued)

233-35

the duplicate copy of Form DPA 1 is placed in their pending folder. If after additional information is secured it becomes obvious that the individual is not eligible for benefits, the original of the Form DPA 1 is returned to the county.

The county shall file Form DPA 1 reporting interview or results of investigation in case record. The county shall not follow-up claim with the OASI office until after sixty days from the date of referral.

Claimants entitled to monthly OASI who have previously received lump sum benefits may receive an initial payment different from the recurring regular payments.

In such cases the OASI field office reports indicate (1) the amount of the initial payment and the month in which it will be paid, and (2) the amount of regular payments and the month in which they will begin.

In rural areas where traveling distance to the field office is not convenient for referral, the FSSB has arranged for an "itinerant service." The county should communicate with the OASI field office to obtain a schedule of this service and to make necessary arrangements for recipients or applicants, presumptively eligible for insurance payments, to be interviewed by a representative of the field office at such itinerant station. When possible, the county should furnish the field office with a list of the names and addresses and social security number and name of the insured if the prospective claimant is other than the worker under whose account benefits may be payable. The OASI field office in cooperation with the county will set a time and place available for interview convenient to all. The place selected may be county office if field office has no other quarters available in the vicinity.

In order that the Form DPA 1 shall be forwarded to the local field office only when presumptive eligibility exists, the use of Inquiry Form for Determining Presumptive Eligibility of a Wage Earner for OASI Benefits (Form DPA 2) and Inquiry Form for Determining Eligibility of Other Than a Wage Earner for OASI Benefits (Form DPA 3) is suggested. These are work sheets and are not forwarded to field office of OASI Bureau. Their use by the county is optional when all information covered by them is included in the case record.

The FSSB recommends that each county designate one of its staff as liaison officer between the county and the OASI field office to discuss eligibility problems or questions arising in procedure.

The OASI Bureau now voluntarily advises the county when an individual is receiving OASI benefits, when the bureau has reason to believe that an individual is or has been receiving assistance from a county even though a formal request from the county for such information has not been received.

For forms referred to in this section see Sec. 250-99, Forms Used in Investigation Procedure. (W&IC 1560, 2140, 3075, 3460; FSSB)

233-50 (Continued)

233-50

to him any community or statewide resources for training or placement service. It has been found that many frequently encountered plans for self-support pursued by blind persons come within the following general categories:

1. Regular employment in State industrial workshops;
  2. Vocational training under the Bureau of Vocational Rehabilitation of the State Department of Education;
  3. Regular attendance at any institution of higher learning in the State;
  4. Regular attendance at a recognized professional school or trade school;
  5. Operation of vending stands;
  6. Self-employment in own established business, farm, dairy, etc;
  7. Regular practice of a profession, such as law, osteopathy, chiropractic, coaching, private teaching of music, etc;
  8. Regular employment for wages or salary;
  9. Regular practice of piano tuning, broom making, or other trades.
- (W&IC 3400, 3401, 3460)

#### 233-55 VERIFICATION OF PLAN FOR REHABILITATION ANB

233-55

A recipient may own cash, securities, or cash surrender value of an insurance policy in excess of \$600 when circumstances indicate the possibility of rehabilitation and steps have been taken by the applicant or recipient to avail himself of a plan for rehabilitation. (SEE SEC. 142-05, LIMITATIONS ON PERSONAL PROPERTY.) In such instances, the Plan for Rehabilitation (Form Bl 244) signed by the applicant and approved by the county board of supervisors shall be submitted to the SDSW with the application. In general, the adequacy of the plan for rehabilitation shall be evaluated in accordance with the criteria and provisions of Sec. 233-50, Verification of Plan for Self-Support, which describes the plan for self-support in the APSB program. (W&IC 3075)

#### 234-00 STATEMENT OF RESPONSIBLE RELATIVES OF APPLICANT OAS, ANB, APSB

234-00

The Statement of Responsible Relative of Applicant (Form Ag, Bl 225) is used in OAS and may be used for ANB and APSB for the following purposes: (1) to determine the amount the relative will actually contribute after aid is granted; (2) to verify the actual contribution at the time of reinvestigation; (3) to provide information to be used in evaluating the circumstances of the relative to determine whether the promised contribution is commensurate with ability; (4) to serve as a guide when the district attorney or other civil legal officer of the county is requested to recover a portion or all of the aid granted. It may be used to verify changes in the contribution as reported by the applicant or relative from time to time.

In OAS inquiry shall be made of all responsible relatives living within the State, except any such relatives who are receiving public assistance, concerning their ability to contribute to the support of the applicant. The use of Form Ag 225 is mandatory in this process. (SEE SEC. 172-00, INVESTIGATION OF RESPONSIBLE RELATIVES WITHIN STATE, OAS.)

(Section Continued on Next Page)



**233-50 VERIFICATION OF PLAN FOR SELF-SUPPORT  
APSB****233-50**

The purpose of the Aid to Partially Self-Supporting Blind Residents law is to provide a plan whereby blind persons may be encouraged to take advantage of and to enlarge their economic opportunities, to the end that they may render themselves independent of public assistance and become entirely self-supporting. It is recognized that resources and income beyond the necessities of bare decency and subsistence are required to achieve this objective. The law encourages the blind in their efforts to become self-supporting by allowing the retention of necessary income (SEE SEC. 151-30, DEFINITION OF EXEMPT INCOME IN APSB) and resources (SEE SEC. 142-05, LIMITATIONS ON PERSONAL PROPERTY) by those showing a reasonable probability of being able and willing to undertake the acquisition of resources and income necessary for self-support. (W&IC 3400)

The following two criteria should be applied in determining eligibility of an applicant or recipient of APSB:

1. A reasonably adequate plan which may lead to self-support.
2. A sincere and sustained effort to further that plan.

The amount of money earned by an applicant or recipient is not a criterion in determining adequacy of the plan if the foregoing qualifications are met.

The county shall discuss with the applicant or recipient his plan for achieving self-support. The plan should be evaluated with the participation of the applicant or recipient, giving consideration to his ability or aptitude for the chosen plan and its economic possibilities for future self-support. In making the final determination the county should give full weight to the applicant's or recipient's estimate of the possible success of the plan.

The county shall, with the consent of the applicant or recipient, determine whether a sincere and sustained effort to further his plan has been demonstrated. The investigation will vary with the types of plans. For example when the applicant is employed, the number of hours worked and the wage received shall be verified. When the applicant is in business for himself or is practicing a profession, the county should make a periodic examination of the books and also determine the number of hours spent at the trade or profession. When the applicant is in a trade school or university, the county should ascertain his course of study and the time spent in preparation. In some instances the record of achievement of the applicant is pertinent.

Experience has shown that even though an original plan may have been subject to some question, the encouragement given the blind person by receiving a grant under the APSB program often leads him to an even more satisfactory goal than originally appeared possible.

The county shall give any service possible to the applicant or recipient in the furthering of his plan for self-support. This includes making available

(Section Continued on Next Page)

234-00 (Continued)

234-00

3. Date of applicant's last contact with responsible relative.
4. Pertinent information concerning family relationships; or attitudes that may prevent county from securing information from responsible relative concerning his pecuniary ability to support.

All efforts made or procedures followed in determining pecuniary ability of responsible relatives to support or in securing support from responsible relatives with pecuniary ability to assist shall be recorded in the county case record.

See Sec. 172-15, Determination Regarding Contributions from Out-of-State Responsible Relatives, for procedure covering investigation of out-of-state relatives. (W&IC 2140, 2224, 3075, 3088, 3460, 3474)

#### 234-05 RELATIVES ABILITY TO SUPPORT ANC

234-05

The ability of the parent or parents to support a child for whom aid is requested, or is being paid, is determined by verification of parents' financial situation. When the parent is not living in the home with child, the parent's ability to support shall be ascertained by verifying his income and determining his living expenses. The amount and frequency of actual contribution made by parent toward child's support shall be verified by interview or correspondence with the parent and the person caring for the child.

When a child lives in the home of non-responsible relatives, the amount of aid requested by the relative for the child is considered in determining the amount of the grant. Evidence in the case record shall show that the financial situation of the relative is such as to assure that the grant of aid will be used entirely for the care of the child. The willingness of the relative to make a contribution in the form of shelter, clothing, etc., shall be determined. Such contribution is voluntary and cannot be required, regardless of the non-responsible relative's resources. Non-responsible relatives with whom the child is not living may be interviewed as they may be a social resource. (W&IC 1560)



234-00 (Continued)

234-00

In ANB and APSB inquiry shall be made of all responsible relatives living within the State, except any such relatives who are receiving public assistance, concerning their ability to contribute to the support of the applicant. The use of Form B1 225, however, is not mandatory. When a personal interview is substituted for Form B1 225, the interview shall cover the points set forth on the form, (SEE SECS. 172-05, INVESTIGATION OF RESPONSIBLE RELATIVES WITHIN STATE, ANB, APSB, AND 172-15, DETERMINATION REGARDING CONTRIBUTIONS FROM OUT-OF-STATE RESPONSIBLE RELATIVES.)

The county may mail Form Ag, B1 225 to the relative or the relative may be requested to complete it during an interview. To facilitate return of the statement to the proper county office, the county should complete the first section of Form Ag, B1 225, including the name and address of the county welfare department and the name of the applicant, before the form is forwarded to the relative. After completion by the relative, the signature shall be acknowledged by a properly qualified official.

It shall be the responsibility of the relative to return his sworn statement within 10 days if he is living within the county or within 30 days if living elsewhere within the State. However, if the relative has not returned his sworn statement by the time all other items of eligibility have been established and if the applicant has furnished evidence that he is not receiving support from the relative in question, appropriate action shall be taken on the application by the board of supervisors without further delay.

When Form Ag, B1 225 is not returned within the time specified, the county record shall show that further effort was made to secure it. This may include:

1. A follow-up letter to the responsible relative. When the letter to the responsible relative is returned because of incorrect address, effort should be made to secure the correct address from the applicant or through other available sources.
2. Interview with the applicant to determine if he can secure the responsible relative's cooperation in completing Form Ag, B1 225. When interview reveals he cannot secure this cooperation, this information should be recorded in the county case record.
3. Interview with the responsible relative if possible.

When the county is unable to secure information concerning the amount of contribution, if any, or regarding the pecuniary ability of the responsible relative to support, the applicant shall be interviewed on the following points:

1. Amount of contribution now received from the responsible relative.
2. His knowledge, if any, regarding the financial status of the responsible relative.

(Section Continued on Next Page)

351-00 (Continued)

351-00

The decision as to frequency of reinvestigation should be based upon a consideration of all pertinent factors in each case. Certain factors in a recipient's situation which become evident during the initial investigation may indicate when the recipient's eligibility should again be reviewed.

The county's responsibility for making reinvestigations should be interpreted to the recipient. The latter's responsibility for notifying the county of changes in address, or financial situation, including changes in income, should be fully discussed with him.

The county shall re-evaluate eligibility at the time of reinvestigation in accordance with the law and rulings governing eligibility. The recipient in OAS, ANB, and APSB, and in ANC the parent, guardian, relative or person in loco parentis shall be requested to sign the Affirmation of Eligibility (Form Ag, Bl, CA 206). (SEE SEC. 201-15, PERSON MAKING APPLICATION.) It is the responsibility of such recipient or person, in so far as he is able, to give information to assist the county in establishing eligibility. (SEE FORM AG, BL, CA 206 IN SEC. 353-99, FORMS USED IN RE-INVESTIGATION PROCEDURES.) (W&IC 1560, 2140, 2184, 3075, 3083.5, 3089, 3460, 3473)

#### 351-05 DATE OF REINVESTIGATION OAS, ANB, APSB, ANC

351-05

The date for completion of reinvestigation may be set according to any plan which guarantees reinvestigation of eligibility once annually. This date may be set on the basis of the beginning date of aid, the date of the last reinvestigation, or any other arbitrary date may be set provided such date does not establish the due date for the completion of the next reinvestigation beyond twelve months from the month in which aid began or from the month in which the last reinvestigation was completed.

A reinvestigation date once set may be changed provided the adjusted date results in the new due date being set not later than twelve months from the last original or reinvestigation. When two or more persons in the family group are receiving assistance it may be desirable to make the reinvestigation for each such recipient at the same time. Under these circumstances the reinvestigation for each recipient living in the same household is made in the month in which the earliest reinvestigation falls due. The next reinvestigation for each would be due not later than twelve months from such reinvestigation. Similarly it may be of advantage to adjust the reinvestigation date for persons living in a particular vicinity so that reinvestigations will fall due in the same month.



**350-10 REINVESTIGATIONS IN OAS  
OAS****350-10**

The county shall annually or oftener reinvestigate the recipient's eligibility to continue to receive aid under the OAS Law. The amount of aid shall be changed or aid shall be discontinued when the county finds that the recipient's circumstances have changed sufficiently to warrant such action. (W&IC 2140, 2184)

**350-15 REINVESTIGATION IN ANC  
ANC****350-15**

Reinvestigations in ANC shall be made annually or oftener as the circumstances of the child/children, or parent/parents require. (W&IC 1560)

**350-20 REINVESTIGATIONS, ANB, APSB LAW  
ANB, APSB****350-20**

The county shall investigate annually or oftener the qualifications of the persons receiving aid under the ANB or APSB Law and may increase or decrease the allowance within the limits prescribed in the law. If the county is satisfied that a person receiving ANB or APSB is not entitled thereto, further aid shall be denied, and the county auditor and SDSW notified of such action.

At least annually, the county shall review the case of every person receiving aid under either ANB or APSB and shall redetermine under which chapter he is eligible to receive aid for the ensuing year. (W&IC 3075, 3083.5, 3089, 3460, 3473)

**351-00 RESPONSIBILITY FOR REINVESTIGATION  
OAS, ANB, APSB, ANC****351-00**

Sound administration of any assistance program depends upon a thorough initial investigation of eligibility followed by periodic reinvestigations. The circumstances of recipients of aid seldom remain unchanged. Persons originally found eligible may subsequently, as a result of altered circumstances, become ineligible. In order to have reasonable assurance that OAS, ANB, and APSB recipients, or children who receive ANC, continue to qualify for such aid, their eligibility shall be redetermined at least once annually. Reinvestigation is necessary at more frequent intervals when a change in assets, income, or in ANC, a change in the child's or parents' situation, may cause ineligibility to further grants or require a change in the grant.

(Section Continued on Next Page)

## 351-10 (Continued)

351-10

In ANB, and APSB, the degree of blindness of the recipient and his ability to be partially or totally self-supporting shall be reviewed.

In ANC, the following factors also shall be reviewed:

1. Classification
2. Whereabouts of parents
3. Payee-relationship
4. School attendance
5. Assistance plan

These factors are discussed in more detail in the following sections (W&IC 1560, 2140, 2184, 3075, 3083.5, 3089, 3460, 3473)

**351-11 COMPLETION OF AFFIRMATION OF ELIGIBILITY  
OAS, ANB, APSB, ANC**

351-11

The Affirmation of Eligibility (Form Ag, B1, CA 206) contains the minimum information which shall be secured annually from the recipient in OAS, ANB, and APSB or from the person responsible for child in ANC. The requirement that the recipient sign the Form Ag, B1, CA 206 before a notary or other person authorized to attest his signature is optional with the county. Otherwise the instructions regarding completion of signatures in Sec. 202-20, The Application Form, apply. The completion of this form is the logical starting point of the reinvestigation process. The county may substitute its own forms provided the substitute form contains all the information called for on Forms Ag, B1, CA 206, respectively.

Each space on the form should be filled in with the appropriate information or the words "none" or "not known". The type of real or personal property which has been disposed of or acquired should be noted in the space provided, such as house and lot, automobile, stocks, etc.

The county shall give all assistance necessary in the completion of this form. The completed form shall be kept in the county case record.

In ANC, Part 1 of Form CA 206 is completed in the same way as the application form. (SEE SEC. 202-20, THE APPLICATION FORM.) Parts 2 and 3 do not require completion but are used to ascertain that the child qualifies under one of the subheadings. Part 4 is completed with a description of the real or personal property which has been acquired or disposed of. (W&IC 1560, 2140, 2184, 3075, 3089, 3460)

**351-12 HOME VISIT DURING REINVESTIGATION  
OAS, ANB, APSB, ANC**

351-12

Due to present travel restrictions, it may not be possible to interview the recipient in his home during the reinvestigation. It is therefore necessary to use substitute methods of giving service and making necessary investigations.

(Section Continued on Next Page)



351-05 (Continued)

351-05

When aid has been discontinued and restored within a period of less than one year reinvestigation is due not later than twelve months from the last previous reinvestigation (original investigation for cases on aid less than one year). However, if the date for annual reinvestigation falls within the period while aid was discontinued reinvestigation shall be completed before aid is restored.

When ANC is restored after a discontinuance of less than twelve months for some of the children in a family group, while aid continues for other eligible children in the family, the reinvestigation is due in the month in which reinvestigation for the family group is due.

(SEE SEC. 565-00, INSTRUCTIONS FOR PREPARING MONTHLY REPORT ON REINVESTIGATIONS.) (W&IC 1560, 2140, 2184, 3075, 3083.5, 3089, 3460, 3473)

**351-10 REQUIREMENTS OF REINVESTIGATION****351-10****OAS, ANB, APSB, ANC**

Each recipient in OAS, ANB, and APSB, or in ANC, parent, guardian, or person caring for child or responsible for his placement shall be requested to sign an Affirmation of Eligibility (Form Ag, Bl, CA 206) once each year at the time of annual reinvestigation. (SEE SEC. 230-60, GUARDIANSHIP.)

The reinvestigation shall include all points of eligibility which may have changed during the preceding year. Certain items of eligibility once established ordinarily require no further investigation as the eligibility status of the recipient in so far as those items are concerned is not changed by the passage of time; e.g., age and citizenship in OAS. If conflicting information has come to light which suggests possible ineligibility on any one of such points, all investigation necessary to determine eligibility shall be made.

In ANC, the child's residence may be changed or affected by the action of the parent or guardian or by the child's own physical presence. (SEE CHAPTER 120-00, RESIDENCE, ESPECIALLY SEC. 121-20, STATE RESIDENCE, AND SEC. 122-10, ANC DETERMINATION OF COUNTY RESIDENCE.)

In OAS, ANB, APSB, and ANC, the following points shall be covered:

1. Real Property
2. Personal Property (cash or securities in ANC)
3. Income
4. Relatives
5. Living arrangements (living plan in ANC)
6. Amount of aid

(Section Continued on Next Page)

351-15 (Continued)

351-15

Transfers of real property which are revealed during the reinvestigation shall be evaluated in accordance with the provisions set forth in Sec. 135-00, Transfer of Real Property to Qualify for Aid.

The dates of verification and findings regarding real property shall be recorded in the case record. (W&IC 1560, 2140, 2184, 3075, 3089, 3460)

### 351-20 REINVESTIGATION OF PERSONAL PROPERTY OAS, ANB, APSB, ANC

351-20

The amount of reinvestigation regarding personal property in OAS, ANB, and APSB, and in ANC the investigation of cash and securities, depends upon the circumstances in the case. In general, the following policies govern:

When changes in the value of personal property holdings as previously determined are reported, a complete investigation of all personal property holdings shall be made in accordance with the provisions of the respective category of aid. (FOR PERSONAL PROPERTY CONSIDERED IN ANC, SEE SEC. 142-10, LIMITATIONS ON PERSONAL PROPERTY.) When there is a marked deviation in personal property holdings from those possessed when the preceding investigation was made, the reason for such deviation shall be ascertained and reported in the case record. When personal property was formerly substantial in amount and the amount has been appreciably reduced, funds may have been disposed of for the purpose of qualifying for aid or converted into other forms of personal property. When the facts indicate such possibility, verification shall be made of the disposition of holdings. When there has been an appreciable increase in personal property; e.g., a bank account, the source of the increase shall be ascertained.

The value of personal property which may increase in value shall be redetermined in accordance with the requirements of the specific category of aid. In ANB and APSB, the amount of encumbrances of record against personal property shall be determined.

When personal property is of fluctuating value and approaches the maximum permitted for the specific category of aid, its value shall be redetermined at least every three months.

Transfers of personal property which are revealed during the reinvestigation shall be evaluated in accordance with the provisions set forth in Sec. 146-10, Transfer or Assignment of Personal Property.

Further investigation is not necessary when the original investigation revealed assets and information received from the recipient, or parent in ANC, or other sources, indicates no assets have been acquired since aid was granted or the case last reinvestigated.

In OAS, ANB, and APSB, further investigation is not necessary when assets which were possessed when aid was granted are such that the value decreases with lapse of time and the original investigation established their value as within the limit permitted for the specific category of aid. (W&IC 1560, 2140, 3075, 3460)

(Section Continued on Next Page)



351-12 (Continued)

351-12

In OAS, ANB, and APSB the investigation shall include any one of the following procedures:

1. An interview with the recipient at his home within a three-month period prior to the completion of the reinvestigation;
2. An interview with the recipient elsewhere than in his home within the three-month period;
3. When it is impossible to make a home call or secure an interview elsewhere at the time reinvestigation is due, Affirmation of Eligibility (Form Ag, Bl 206) shall be mailed to the recipient at his home address. His actual presence at his given address shall be verified by registered letter with return receipt or by some other independent method.

In ANC the reinvestigation shall include any one of the following procedures:

1. A home call shall be made during the reinvestigation or within three months prior to completion of reinvestigation; or when this is not possible,
2. A home call shall be made within the year preceding the completion of the investigation, and an interview shall be held elsewhere within the three-month period prior to completion of reinvestigation. In the course of this interview, the living arrangements for the children shall be ascertained and points of eligibility reviewed.  
(W&IC 1560, 2140, 3075, 3460)

### 351-15 REINVESTIGATION OF REAL PROPERTY OAS, ANB, APSB, ANC

351-15

When a statement is made on the Affirmation of Eligibility (Form Ag, Bl, CA 206) that the recipient, or in ANC the child or his parents, has not acquired real property since the last investigation and a report of an earlier two-year property search is on file, no additional property investigation need be made unless information which conflicts with the statement is found. When there is no report of a previous property search, a search shall be made for the two-year period preceding the current reinvestigation. (SEE SECS. 135-40, REAL PROPERTY SEARCH, AND 233-00, VERIFICATION OF REAL AND PERSONAL PROPERTY.)

When changes in property holdings are reported on the Form Ag, Bl, CA 206 or otherwise come to the attention of the county, a complete reinvestigation of property holdings shall be made. See Chapter 130-00, Real Property, for eligibility policies on real property. (SEE SECS. 352-10, 352-15, AND 352-20, RECORDING OF REINVESTIGATION.)

In ANB and APSB, the amount of encumbrances of record against real property shall be determined. (SEE SEC. 132-03, ENCUMBRANCES OF RECORD DEDUCTED FROM ASSESSED VALUE OF REAL PROPERTY.)

(Section Continued on Next Page)

## 460-8C OTHER CLAIMS, FOLLOWING DEATH IN SERVICE

460-80

The dependents of a man who dies in the service may be entitled to:

1. INSURANCE

If the man had taken out National Service Life Insurance, his beneficiary is entitled to payments if the insurance was in force. (SEE SEC. 460-95, NATIONAL SERVICE LIFE INSURANCE FOR SERVICEMEN.) For instance, a beneficiary of a serviceman who was covered by a \$10,000 National Service Life Insurance policy would receive the following payments in the event of the death of the insured serviceman:

If under 30 years of age, a monthly income for 20 years of. . \$55.10

If 30 years of age, a monthly income for life of. . . . . 39.70

If 40 years of age, a monthly income for life of. . . . . 45.00

If 50 years of age, a monthly income for life of. . . . . 53.90

If 60 years of age, a monthly income for life of. . . . . 68.10

Increased benefits for higher ages

(FACTS FOR NAVY MEN-ABOUT NATIONAL SERVICE LIFE INSURANCE, MAY, 1944) IN SOME CASES WHERE THE SERVICEMAN HAD NOT TAKEN OUT ANY INSURANCE, AUTOMATIC INSURANCE MAY BE PAYABLE. (SEE SEC. 460-98, AUTOMATIC INSURANCE FOR SERVICEMEN)

2. PENSION

Dependents of a person who dies in active service are usually entitled to a pension.

3. OLD AGE AND SURVIVOR'S INSURANCE

When a serviceman dies, the possibility that he had credits toward OASI benefits should be checked. If his employment prior to military service was in "covered employment" for the requisite period, it is possible that his dependents may be eligible to benefits under this program. (SEE SECS. 455-00 THRU 455-70, OLD AGE AND SURVIVORS INSURANCE BENEFITS) (RED CROSS ABRIDGED HANDBOOK OF HOME SERVICE INFORMATION)



## MISCELLANEOUS SERVICES TO SERVICEMEN AND VETERANS

## 460-70 MUSTERING OUT PAY FOR WORLD WAR II SERVICEMEN AND SERVICEWOMEN 460-70

Members of the armed forces with the rank of Captain and under in the Army and with the rank of Lieutenant, Senior Grade, and under in the Navy and equivalent ranks in the other services, honorably discharged or released from active service on or after December 7, 1941, from the armed forces are eligible to draw mustering-out pay. Only those members of the former WAAC's who were honorably discharged on account of disability are entitled to this pay.

The law provides \$100 to the honorably discharged veteran with less than 60 days active service; those with 60 days or more domestic service, \$200, payable in two equal monthly payments; and veterans with service of 60 days or more and who have had foreign service will receive \$300, payable in three equal monthly installments. Mustering-out pay is not taxable, subject to attachment, levy or seizure and shall be exempt from the claims of any creditor, including any claim of the United States. (PUB. LAW 225, 78TH CONGRESS)

## 460-75 DEATH IN SERVICE--BENEFITS DUE DEPENDENTS

460-75

Dependents of a man who dies in service are usually entitled to one or more of a variety of benefits, including certain burial expenses, burial flag, etc.

Official notice of death in service is sent by commercial telegraph to the emergency address given by the man on entering service. Notification in any other manner should not be accepted as authentic.

Upon death in line of duty, not the result of own misconduct, of an officer, enlisted man, or nurse, a "death gratuity" (six months' pay at rate being received by deceased at death) is payable to widow, children, or other designated beneficiary. Immediately upon official notice of death the military authorities send the necessary forms to the beneficiary.

Upon official notice of death the finance officer mails to next of kin the required form on which to apply for any pay which was due the man at date of death. This should be filled out and mailed to General Accounting Office, Washington, D.C. If application form is not received by family within a reasonable time after death of man, they may write to The Adjutant General, War Department, or to Bureau of Supplies and Accounts, Navy Department. (RED CROSS ABRIDGED HANDBOOK OF HOME SERVICE INFORMATION)

## 460-86 PENSIONS FOR VETERANS OF WORLD WAR I AND II

460-86

SERVICE CONNECTED DISABILITIES

In order to be eligible the veteran must have been honorably discharged and the disability incurred in the line of duty. Rates range from \$11.50 for 10 per cent of disability and increase in multiples of \$11.50 up to 100 per cent disability, i.e., pensions range from \$11.50 for 10 per cent disability to \$115 for 100 per cent disability. There are also special rates for anatomical loss of feet, hands, or eyes, or loss of use of one or more of these, or for a person who needs regular aid and attendance. (PUBLIC LAW 312, 78TH CONGRESS)

NON-SERVICE CONNECTED DISABILITY

The rate for total permanent non-service connected disability is \$50 per month. When a veteran has received a pension for a total permanent disability continuously for 10 years or when a veteran becomes 65 years of age, the pension is increased to \$60 per month. (PUBLIC LAW 313, 78TH CONGRESS; REVISED RESUME OF VETERANS' BENEFITS, PA 1750, AMERICAN RED CROSS, JAN. 17, 1945)

## 460-88 PENSIONS FOR DEPENDENTS OF VETERANS OF WORLD WAR I AND II

460-88

WIDOWS

Widows of veterans of World War I and II, when death is due to service:--  
The widow is eligible to receive a pension of \$50 per month regardless of age. If the widow remarries, the pension is discontinued.

Widows of veterans of World War I, when death of the veteran was non-service connected:--The widow is entitled to a pension of \$35 per month, if she was married to the veteran prior to Dec. 15, 1944, and lived with him for a period of ten years prior to his death, unless there was separation due to no fault of the widow. If the widow remarries, the pension is discontinued. Widows of veterans of World War II are also eligible to a pension of \$35 per month when the veteran had some other service-connected disability existing at the time of death, but death is not due to a service-connected disability. The widow must be married to the veteran within ten years from the termination of the present war to qualify.

MINOR CHILDREN

Minor children of deceased veterans of World War I and II when death is due to service are eligible to monthly pensions as follows:

Widow with one child - \$65, with \$13 for each additional child

No widow but one child - \$25

No widow but two children - \$30 (equally divided)

The total amount payable cannot exceed \$100.

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**460-82 PENSIONS TO VETERANS AND DEPENDENTS OF SPANISH-AMERICAN WAR  
BOXER REBELLION, AND PHILIPPINE INSURRECTION****460-82**

Spanish-American War, Boxer Rebellion, and Philippine Insurrection veterans who are totally disabled and those reaching age 65 years are eligible to a pension of \$75 per month. Pensions are also available to veterans for service connected and non-service connected disabilities.

Widows and former widows (marriage prior to January 1, 1938) of veterans are eligible to a pension of \$40 per month at age 65 years and the widow or former widow who was the wife of the soldier, sailor, or marine during the period of his service is eligible to a pension of \$50 per month.

Children are eligible to payments under certain circumstances.

Inquiries may be addressed to the Veterans Administration, Dependents Claim Service, Washington, D.C. or referred to the American Red Cross. (PUBLIC LAW 242, 78TH CONGRESS; ABRIDGED HANDBOOK OF HOME SERVICE INFORMATION, THE AMERICAN NATIONAL RED CROSS (REV. OCT. 1943)).

**460-84 PENSIONS FOR PEACETIME SERVICE VETERANS****460-84**

A veteran of peacetime service who has disabilities caused by injury or disease which occurred in line of duty during such service, may receive a pension if the disability is not due to misconduct, and if he was honorably discharged from the period of service during which the injury or disease occurred. Disabilities not due to peacetime service are not pensionable, but if a preexisting disability was aggravated by active service during peacetime, pension may be paid for degree of aggravation. Rates range from \$8.63 to \$86.25 per month, with additional amounts for certain injuries such as loss of extremities, one or both eyes, need of an attendant, etc.

There are no extra benefits payable to a disabled veteran of peacetime service for his dependents. Widows, children, and dependent parents may receive a pension if he dies of disabilities caused by his peacetime service, but not if death is due to other causes.

Monthly pension rates are: \$38 for a widow but no child; widow with one child, \$49, with \$10 for each additional child; no widow but one child, \$19; no widow but two children, \$28 (equally divided) with \$8 for each additional child (total amount equally divided). Total payment to widow and children cannot exceed \$75. Children's payments cease at age 18 (unless permanently incapable of self-support) or where child is continuing education in an approved school, in which case pension may continue to age 21.

A dependent mother or father receives \$30, or if both are dependent, \$20 each.

(ABRIDGED HANDBOOK OF HOME SERVICE INFORMATION, THE AMERICAN NATIONAL RED CROSS, REV. OCT. 1943; RESUME OF VETERANS' BENEFITS, AMERICAN NATIONAL RED CROSS, PA 1750, JAN. 1, 1945)

460-90 (Continued)

460-90

- e. Emergency hospitalization may be arranged by telephone or wire, but not if the disability is non-service-connected and the veteran is already in a hospital. If the disability is service-connected, the local physician should telephone the medical officer in charge of the Veterans' Administration Hospital.
  - f. Out-patient treatment may be arranged for service-connected disability only. It may be given pending initial adjudication of a pension claim, if the veteran was discharged for disability and claims to be in need of treatment for a disability causing discharge.
2. If no service-connected disability exists, a veteran is eligible for hospital care if he is without ability to pay, with the following exceptions:
- a. Not eligible for treatment in a private hospital.
  - b. Not eligible for out-patient treatment.

(REVISED RESUME OF VETERANS' BENEFITS, PA 1750, AMERICAN RED CROSS, JAN. 17, 1945)

#### 460-95 NATIONAL SERVICE LIFE INSURANCE FOR SERVICEMEN

460-95

Members of the armed forces are given the privilege of applying for National Service Life Insurance. This is a system of life insurance offered by the Federal Government as a means of providing low-cost financial protection for families of servicemen and it is strictly a non-profit function of the government.

The serviceman may carry any amount of National Service Life Insurance from \$1,000 to \$10,000 in any multiple of \$500. The type of policy now offered is a 5-year Level Premium Term policy which gives complete financial protection to your beneficiary and maximum coverage at a minimum outlay.

(Section Continued on Next Page)



460-88 (Continued)

460-88

Minor children of deceased veterans of World War I when death is not due to service are eligible to rates as follows:

Widow and one child - \$45 (with \$5 for each additional child)

No widow but one child - \$18

No widow but two children - \$27 (equally divided)

No widow but three children - \$36 (equally divided) with \$4 for each additional child (total amount to be equally divided).

Maximum payable \$74.

Minor children of deceased veterans of World War II when death is not due to service are eligible to the same rates as for the children of deceased veterans of World War I as given above if the veteran had a pensionable service-connected disability at the time of death.

(PUBLIC LAW 483, 78TH CONGRESS; PUBLIC LAW 144, 78TH CONGRESS; PUBLIC LAW 312, 78TH CONGRESS)

#### PARENTS

Parents of deceased veterans of World War I and II are eligible for a pension only if the veteran dies of a service-connected disability and dependency is proven at the present time. The rates are \$45 for one parent; \$25 each if two.

(REVISED RESUME OF VETERANS' BENEFITS, PA 1750, AMERICAN RED CROSS, JAN. 17, 1945)

#### 460-90 HOSPITALIZATION AND OUTPATIENT TREATMENT FOR WAR VETERANS

460-90

Veterans of all wars honorably discharged are eligible for hospitalization in Veterans' Administration Hospitals under certain conditions. Women veterans are eligible on the same basis as men.

1. If a service-connected disability exists the veteran is eligible for:
  - a. Treatment of service-connected disability in Veterans' Administration Hospital.
  - b. Treatment of non-service disabilities in Veterans' Administration Hospital, under certain conditions.
  - c. Treatment for service-connected disability in a private hospital if it is impossible for him to travel to Veterans' Administration Hospital, but prior authority should be secured.
  - d. Transportation to the Veterans' Administration if authorized.

(Section Continued on Next Page)

## 460-98 AUTOMATIC INSURANCE FOR SERVICEMEN

460-98

The National Service Life Insurance Act provides insurance in the aggregate amount of \$5,000 for persons who die or become totally disabled inactive service and in line of duty on or after October 8, 1940, and on or before April 19, 1942, without having applied for Government insurance in the aggregate amount of \$5,000. (RED CROSS ABRIDGED HANDBOOK OF HOME SERVICE INFORMATION.)



460-95 (Continued)

460-95

Monthly premium rates per \$1,000 of insurance follow:

Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium
17 - - - - -	\$.64	28 - - - - -	\$.69	39 - - - - -	\$.83
18 - - - - -	.64	29 - - - - -	.70	40 - - - - -	.85
19 - - - - -	.65	30 - - - - -	.71	41 - - - - -	.87
20 - - - - -	.65	31 - - - - -	.72	42 - - - - -	.89
21 - - - - -	.65	32 - - - - -	.73	43 - - - - -	.92
22 - - - - -	.66	33 - - - - -	.74	44 - - - - -	.95
23 - - - - -	.66	34 - - - - -	.75	45 - - - - -	.99
24 - - - - -	.67	35 - - - - -	.76	46 - - - - -	1.03
25 - - - - -	.67	36 - - - - -	.77	47 - - - - -	1.08
26 - - - - -	.68	37 - - - - -	.79	48 - - - - -	1.14
27 - - - - -	.69	38 - - - - -	.81	49 - - - - -	1.20
				50 - - - - -	1.27

Application for National Service Life Insurance may be made by the serviceman at any time after commencement of service with the armed forces. If application is made within 120 days from the date of reporting for active duty, it is not necessary for the serviceman to take a physical examination.

Only members of the serviceman's immediate family may be named as the beneficiary, i.e., wife (or husband), children (including adopted children or stepchildren, parents (including parents through adoption and persons who stood in "loco parentis" to the insured), brothers and sisters (including half-brothers and half-sisters). The beneficiary may be changed at any time.

National Service Life Insurance policies may be continued in force after discharge from the service, i.e., it is not just a temporary war policy. The 5-year Level Premium Term policy may be continued in effect for five years. After one year, and prior to the end of the fifth year, it may be converted to one of the permanent types of government insurance. Thus, the serviceman may secure for himself a lifetime insurance contract which carries no restrictions as to residence, travel, or occupation. (FACTS FOR NAVY MEN-ABOUT NATIONAL LIFE INSURANCE, MAY, 1944)

MAIN OFFICE  
616 K Street  
Sacramento

LOS ANGELES OFFICE  
Washington Building  
311 South Spring Street

SAN FRANCISCO OFFICE  
David Hewes Building  
995 Market Street

Earl Warren  
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
May 8, 1945

1297

MANUAL LETTER NO. 78

FILED  
In the office of the Secretary of State  
of the State of California  
MAY 9 - 1945  
FRANK M. JORDAN, Secretary of State  
By *Chris G. Hagerty* Deputy

The attached revisions 23 thru 32 to the Statistical Procedures Chapter are to be entered in your copy of the Manual of Policies and Procedures and the revision numbers cancelled on the separator for the revised chapter.

These manual sections were approved by the Social Welfare Board on April 26, 1945.

Secs. 510-00, Programs Reported--Counties Required to Report, and 515-00, Submission of Monthly Statistical Reports, now include provisions for the mailing to the SDSW of two copies of the Monthly Statistical Report on Public Assistance Reinvestigations (Form DPA 10) in time to be received not later than the eighteenth of the month following the month which it covers.

The other attached sections constitute a rearrangement and clarification of the complete instructions for preparing Form GR 237 on General Relief. Secs. 564-00, 564-10, and 564-20 have been deleted and the following sections substituted: 564-05, 564-15, 564-22, and 564-25. Revisions are incorporated in Secs. 564-30, 564-40, and 564-50. Note that Form GR 237 has not been revised.

STATEMENTS CONTAINED IN THE MANUAL TAKE PRECEDENCE  
OVER SAME MATERIAL PREVIOUSLY RELEASED IN BULLETINS



**515-00 SUBMISSION OF MONTHLY STATISTICAL REPORTS**  
**OAS, ANB, APSB, ANC, GR****515-00**

The original of each Monthly Statistical Report (Form Ag, Bl, CA, and GR 237) should be mailed to the SDSW in time to be received not later than the eighth day of the month following the month which it covers. A copy should be retained by the county. (SEE SEC. 569-99, FORMS USED IN STATISTICAL PROCEDURES.)

Two copies of each Monthly Statistical Report on Public Assistance re-investigations (Form DPA 10) shall be mailed to the SDSW in time to be received not later than the eighteenth of the month following the month which it covers. The county should retain a copy. (W&IC 1560, 2140, 3075, 3460)

Prompt receipt of reports from each county is necessary to insure that State-wide reports required by the Federal Government are submitted on schedule and that current statistics are available to State and County officials. (W&IC 115, 116)

**530-00 DEFINITION OF APPLICATION\***  
**OAS, ANB, APSB, ANC****530-00**

The term "application" as used in the monthly statistical reports includes:

1. Applications for Aid (Form Ag, Bl, CA 200) signed by an individual who desires assistance, acknowledged and filed with the county.
2. Notices of Change (Form Ag, Bl, CA 232) used (a) to restore aid, or (b) to transfer children receiving ANC from the Family Group sub-program to the Boarding Homes and Institutions sub-program or vice versa, or (c) to transfer persons receiving ANB to APSB, or vice versa. (W&IC 1560, 2140, 3075, 3460)

**531-00 DEFINITION OF OAS, ANB, AND APSB CASE\***  
**OAS, ANB, APSB****531-00**

For the OAS, ANB, or APSB programs, a case is an individual. If a husband and wife each receive a grant of assistance each is considered a case. (W&IC 1560, 2140, 3075, 3460)

\*This definition applies to instructions for completion of monthly statistical reports only and does not necessarily refer to any other instructions or forms.

**500-00 PURPOSE AND USE OF STATISTICS COLLECTED THROUGH MONTHLY  
REPORTING FORMS  
OAS, ANB, APSB, ANC, GR**

500-00

The monthly statistical reports are designed to make available soon after the end of a month certain basic statistics for that month. The information to be included in the reports consists of a statement of the amount of aid, the number of recipients, the receipt and disposition of applications, and the opening and closing of cases. These statistics are reported to the FSSB by the 15th of each month, as required by that agency. Data upon the number of recipients and the amount of aid are released by the SDSW approximately the 20th of each month, thus making quickly available to interested persons simple statistics relating to the public assistance programs.

The importance of these data is demonstrated by the frequency of questions such as "What is the case load?", "What has been the average monthly increase in costs for the past year?", "Is the case load leveling off?", "Are costs increasing more rapidly in the rural areas than in the urban areas?", etc. The function of published statistics is to provide answers to these and similar questions.

To be useful these answers must be based upon current information which is uniform for all reporting offices. Early submission of reports and their early publication assure current information. The maintenance of uniformity depends, first, upon standard definitions and, second, upon the adherence of reporting county offices to these definitions. Reporting offices should, therefore, read the following instructions carefully and follow them closely. (W&IC 115, 1560, 2140, 3075, 3460)

**510-00 PROGRAMS REPORTED--COUNTIES REQUIRED TO REPORT  
OAS, ANB, APSB, ANC, GR**

510-00

Monthly Statistical Reports (Form Ag, B1, CA, and GR 237) and Monthly Statistical Report on Public Assistance Reinvestigations (Form DPA 10), shall be submitted by all counties. (W&IC 115, 116, 1560, 2140, 3075, 3460)



**541-00 SCOPE OF OAS, ANB, AND APSB REPORTS**  
**OAS, ANB, APSB****541-00**

The Monthly Statistical Reports (Form Ag, B1 237) are designed for reporting application and case movement and expenditures for assistance under the provisions of the W. & I. C. for the particular category of aid, even though some of the aid payments do not involve Federal participation. The form consists of four parts:

1. Part A, application movement.
2. Part B, case movement.
3. Part C, obligations incurred for assistance payments.

**OAS**

4. Part D, payments claimed by county for hospital care of former OAS recipients. (W&IC 115, 1560, 2140, 3075, 3460)

**542-00 SCOPE OF ANC REPORT**  
**ANC****542-00**

The Monthly Statistical Report (Form CA 237) is designed for reporting application and case movement and grants of aid under the ANC provisions of the W. & I. C. even though some of the aid payments do not involve Federal participation.

This report covers two separate programs. Column I applies to the Boarding Homes and Institutions program. Columns II and III apply to the Family Group program.

For statistical reporting purposes "children in boarding homes and institutions" refers to children receiving the type of assistance for which reimbursement is claimed on ANC BHI Claims (SEE SEC. 626-10, TYPES OF AID CLAIMS) i.e., children living in boarding homes and institutions for whom payments are based on fixed monthly rates in lieu of family budgets, but excluding children in boarding homes maintained by relatives or legally appointed guardians. (W&IC 115, 1560)

(Section Continued on Next Page)

**532-00 DEFINITION OF ANC CASE\***  
**ANC****532-00**

For the Family Group program (SEE SEC. 542-00, SCOPE OF ANC REPORT), a case consists of:

1. A family budget unit, or
2. A child or children living with relatives or a legal guardian on a "charge for care" basis.

Brothers and sisters living with different relatives or legal guardians should be reported as separate cases.

For the Boarding Homes and Institutions program (SEE SEC. 542-00), a case is the individual child for whom aid is granted. (W&IC 1560)

**533-00 DEFINITION OF GR CASE\***  
**GR****533-00**

For the GR program a case may be either a family group or an individual. When the relief payment is intended to meet the needs of more than one person it is considered a family case; when the relief is intended to meet the needs of one person only it is a one-person case. (W&IC 115)

**538-00 PLAN OF PRESENTATION OF INSTRUCTIONS FOR MONTHLY STATISTICAL**  
**REPORTS**  
**OAS, ANB, APSB, ANC****538-00**

Instructions for the preparation of Monthly Statistical Reports (Forms Ag, B1, and CA 237) are combined because of the similarity of the reports. Instructions for the preparation of Form GR 237 are outlined separately. (W&IC 115, 1560, 2140, 3075, 3460)

\*This definition applies to instructions for completion of monthly statistical reports only and does not necessarily refer to any other instructions or forms.



**564-05 SCOPE OF THE GR 237 REPORT****564-05**

The Monthly Statistical Report on General Relief (Form GR 237) provides for the reporting of case movement and expenditures from general relief or county indigent funds. Note that this report differs from the other monthly statistical reports (Form Ag, B1, CA 237) in that the movement of applications is not included. (W&IC 115, 116, 2506)

**564-15 COMPLETION OF EACH ITEM ON FORM GR 237****564-15**

Each item of the Form GR 237 shall have an entry. Enter "NR" (no record) if the information is applicable but not available. Enter a dash (-) if the information is not applicable. Enter "0" if the information is applicable but no count was recorded for the month. (W&IC 115, 116, 2506)

**564-22 DEFINITION OF GENERAL RELIEF REPORTED ON GR 237 REPORT****564-22**

General relief, for the purposes of this report, consists of all assistance paid to recipients from county indigent funds except county supplemental aid paid to ANC cases (SEE FORM CA 237, ITEMS 11B, 11B(1) AND 11B(2)). It includes hospitalization and other medical and dental care extended to OAS, ANB, APSB and ANC cases that is separate and distinct from the regular monthly grant. Payments from county indigent funds to certified relief workers on work relief projects authorized and operated by the agency administering the general relief program are also included.

The list below specifies the types of assistance excluded from the GR 237 report:

1. OAS, ANB, APSB and ANC payments (reported on Form Ag, B1 and CA 237).
2. County supplemental aid (other than medical) from general relief funds extended to ANC cases; such aid is reported on the Form CA 237 in items 11B, 11B(1) and 11B(2).
3. Federal programs, such as FSA and work and construction projects financed in whole or in part from Federal funds.
4. Relief from private sources.
5. Institutional programs.
6. War Services programs (reported on Forms WS-6 and WS-7). (W&IC 115, 116, 2506)

**563-40 PAYMENTS CLAIMED BY COUNTY FOR HOSPITAL CARE OF FORMER OAS  
RECIPIENTS (W&IC, SEC. 2160.7)  
OAS****563-40**

Provision is made in section D of the Monthly Statistical Report on OAS (Form Ag 237) for the reporting of information on former OAS recipients who are confined in county hospitals under the conditions set forth in Sec. 165-00, Payment to County Under W&IC Sec. 2160.7.

**Item 12. Number of Cases.**

Report the number of former OAS recipients for whom the county claims payment from the State for hospital care during the month. If there are no such cases, specify "0" or "None," but do not leave this item blank.

**Item 13. Total Amount of State Payments.**

Report the State's share of the OAS assistance to which these county hospital cases would be eligible if not confined to the hospital. This amount should be computed only for the actual number of days in which all of the conditions necessary for State payment. (SEE SEC. 165-00, PAYMENT TO COUNTY UNDER W&IC SEC. 2160.7) are present.

SEE SEC. 165-15, BASIS FOR STATE PAYMENT--COUNTY HOSPITAL CLAIM, FOR DETAILED INSTRUCTIONS ON THE COMPUTATION OF THE STATE PAYMENT. (W&IC 115, 116, 2160.7)

**563-50 DISCONTINUANCE FROM OAS FOR COUNTY HOSPITAL CASES  
OAS****563-50**

When the OAS grant to an individual for the month being reported is the last payment to be made under OAS until after a period of confinement in a county hospital, the case should be reported as discontinued under Item 9 of the Monthly Statistical Report (Form Ag 237) during the month of such payment even though the board of supervisors may not have formally discontinued aid in that month. (This procedure is an exception to the general rule of reporting discontinuances in the month of action by the board of supervisors.) (W&IC 115, 116)

**563-60 RESTORATIONS OF COUNTY HOSPITAL CASES TO OAS  
OAS****563-60**

When formally discontinuing OAS payments to an individual confined in a county hospital, the board of supervisors may provide that assistance be restored when the recipient ceases to be an inmate without further order by the board of supervisors (SEE SEC. 215-00, RESTORATION OF AID). The application to restore aid should be reported as granted in Section A, Items 4 and 4A, and the individual should be reported as a case added in Section B of the Monthly Statistical Report (Form Ag 237) in the month for which the county auditor again issues a warrant. (This procedure is an exception to the general rule that restorations should be reported in the month of action by the board of supervisors.) (W&IC 115, 116, 2160.6)



564-30 (Continued)

564-30

Do not include in Item 2 cases for whom general relief payments are being resumed during the month after a period of temporary suspension of relief. During the time of suspension report such cases in Item 3b.

Item 2a. New: Never Previously Approved for General Home Relief in the County - Enter the number of cases added during the month that had never previously been extended General Home Relief in the county.

Item 2b. Reopened: Previously Approved and Closed - Enter the number of cases added during the month which had previously been closed from General Home Relief in the county.

Item 3. Total Open During Month - Enter the sum of Items 1 and 2. Cases open during the month are classified under Items 3a and 3b according to whether or not General Home Relief was extended during the month. Item 3 must equal the sum of Items 3a and 3b as well as the sum of Items 1 and 2.

Item 3a. Received General Home Relief - Enter the number of cases to which General Home Relief was extended during the month. This item must be the same as Item 6, Column 1.

Item 3b. Received No General Home Relief - Enter the number of cases open during the month to which no General Home Relief was extended during the month.

Item 4. Total Closed During Month - Enter the number of cases which were closed during the month but which were open at some time during the month. If payments are withheld or suspended, but the case is not formally closed, the case should be reported in Item 3b. Suspended cases should not be reported as closed until the month in which formal closing is affected according to the procedure adopted in the county.

Cases closed during the month are classified under Items 4a through 4f according to the reason for discontinuing General Home Relief. If there is more than one reason for the discontinuance, the case should be classified under the principal reason. Do not count a case as closed when one member of a family case is being discontinued from General Home Relief during the month, but one or more members will continue to benefit from General Home Relief. In such instances the person being discontinued should be omitted from the count in Items 6 and 6a, Column 2, in the month following that in which he last receives General Home Relief.

(Section Continued on Next Page)

**564-25 GENERAL INSTRUCTIONS FOR TYPE OF RELIEF REPORTED IN PARTS A, B, AND C ON FORM GR 237****564-25**

The Gr 237 report is divided into three sections, A, B, and C. In Part A and Part B are reported what will hereafter be called "General Home Relief", i.e., non-medical general relief paid to recipients in their homes (except county supplemental aid paid to ANC families and children). In Part C is reported non-medical general relief paid to individuals living in institutions, care in boarding homes for children (other than ANC) and aged persons (other than OAS), short term care such as occasional meals and over-night lodging, medical relief, burials and other miscellaneous expenses which are paid from county indigent funds but are not reported in Parts A and B.

Cases, persons and expenditures reported in Parts A and B are never reported simultaneously in Part C unless the case, or person, in question was receiving both types of general relief during the month. For example, a child, ineligible for ANC, who is a member of a family receiving general relief, is transferred to a boarding home (paid from county general relief funds) on January 15th. The child will be reported in Part A and Part B of the January Form GR 237 because he was a recipient of General Home Relief from January 1st to January 15th. He will also be reported in Part C of the January Form GR 237 because he was in a boarding home paid from county funds during the latter half of the month. However, on the February Form GR 237 he will be omitted from parts A and B, and will be counted only in Part C, regardless of the fact that the remainder of his family is still reported in Parts A and B. (W&IC 115, 116, 2506)

**564-30 CASES APPROVED FOR GENERAL HOME RELIEF (PART A OF FORM GR 237)****564-30**

Part A is to be used to report action taken on all General Home Relief cases during a given month. It includes cases given relief before investigation is completed as well as cases already approved for General Home Relief. Part A does not include short-term care involving only occasional meals, overnight lodging, etc.; report such aid in Part C. Item 12.

Count a case only once during the month even though more than one payment or order may have been issued either to the case or for the benefit of the case.

Item 1. Continued from Preceding Month - Enter the number of cases which were reported in Item 5 of the preceding month's report unless a correction is being made for an error in the case count of the preceding month. If there is a correction, the specific reason should be entered at the bottom of the GR 237 report.

Item 2. Total Added During Month - Enter the number of cases which were opened for General Home Relief during the month. (This item must equal the sum of Items 2a and 2b.) Include the following cases:

1. Regularly approved general relief cases.
2. Cases given relief pending approval for general relief (not to be confused with short-term care) or categorical aid.

(Section Continued on Next Page)



## 564-40 OBLIGATIONS INCURRED FOR GENERAL HOME RELIEF (PART B OF FORM GR 237)

564-40

Part B is to be used for reporting the number of cases and persons receiving General Home Relief by type of case as well as the cash and kind expenditures for these cases. Include only cases, and assistance to cases, in their homes. Amounts expended for General Home Relief cases (cases reported in Part A and B) that are not regularly budgeted items, such as medical care, burials, etc., are to be reported in Part C.

Do not include cases receiving only the type of aid provided for under Part C nor the amount of such aid.

Obligations incurred for general relief payments should be reported for the month in which the payments are authorized. For example, a general relief payment provided on January 28, although it is intended to cover the needs of the case for February, should be included on the January GR 237 report. A grocery order, or any other payment in kind that is issued to the case in January is to be reported on the January GR 237 even though the bill may not be presented for payment by the grocery store for several months.

Grocery orders, or any other type of order that is issued by the quantity of the commodity rather than the cost, should be estimated in order that the GR 237 report may reflect the amount of obligations incurred during the month.

For relief extended in the form of earnings for work performed, report the amounts actually earned during all payroll periods ending within the month.

Commodities purchased in bulk for issuance to relief recipients are to be reported for the month during which they were actually issued to recipients regardless of the month in which the agency agreed to purchase the commodities or pay for them.

Item 6. Total Recipients--Enter in the appropriate columns information indicated below:

Col. 1. Cases--Enter the total number of cases to which General Home Relief was extended. This item should be the same as Item 3a.

(Section Continued on Next Page)

564-30 (Continued)

564-30

Item 4a. Obtained Regular Employment--Enter the number of cases for which General Home Relief was discontinued because regular employment was obtained or because earnings under regular employment were increased to an adequate amount. The term "regular employment" includes full-time, part-time, or intermittent employment. In a family case, discontinuance may result from employment of any member of the family group.

Item 4b. Received Assistance From Relatives or Friends Outside Case--Enter the number of cases for which General Home Relief was discontinued because assistance was received from a relative or friend who is not a member of the family group.

Item 4c. Received Other Public Aid--Enter the number of cases for which General Home Relief was discontinued because the case received, or was accepted for, aid under another public assistance program such as OAS, ANB, APSB, ANC, statutory aid to veterans, public hospital care, boarding home or institutional care.

Item 4d. Refused Employment Offer or Work Order--Enter the number of cases for which General Home Relief was discontinued because the case refused a bona fide offer of employment or refused a work order from any agency providing work relief.

Item 4e. Lapse of Contact--Enter all cases closed because of lapse of contact. This item should include only cases for which no specific reason for the recipient's ceasing to request aid is known to the agency. Include cases who could not be contacted because their whereabouts were unknown as well as cases automatically closed at the request of the recipient when the reason for the request is unknown.

Item 4f. Other Reasons--Enter the number of cases for which General Home Relief was discontinued for reasons other than those listed under Items 4a-4e. For example: death, departure from county, decrease in family needs, receipt of UCB, receipt of benefits under the OASI or other public or private annuity programs, receipt of allotments or allowances from persons in the armed forces, transfer to a private relief agency, imprisonment, liquidation of resources, changes in eligibility policies of county, limitation of county funds, etc. Do not include cases covered by Item 4e; i.e., those for which no specific reason for the recipient's ceasing to request aid is known to the agency. If 25% or more of the total reasons for discontinuance are reported in this item, list each reason, and the number of cases in each, at the bottom of the form.

Item 5. Continued to Following Month--Enter the number of cases open on the last day of the month and which are to be continued as approved for General Home Relief to the following month. This item must equal the difference between Item 3 and Item 4. (W&IC 115, 116, 2506)



564-40 (Continued)

564-40

Col. 5. Total Obligations Incurred—Enter in this column the sum of Cols. 3 and 4.

Information reported under Item 6 is classified in Items 6a and 6b according to the type of General Home Relief case.

Item 6a. Family Cases—Enter information requested for cases in which the General Home Relief payment applies to the needs of more than one person in the same household. The total number of persons who are expected to receive direct benefit from the General Home Relief payment is included in the count of persons in Col. 2.

Item 6b. One-person Cases—Enter information requested for cases in which the General Home Relief payment applies to the needs of one person only. The number of cases in Col. 1 shall be the same as the number of persons in Col. 2.

The spouse of an OAS, ANB, or APSB recipient shall be reported as a one-person case unless other persons in the household are also benefiting from the General Home Relief payment. (W&IC 115, 116, 2506)

**564-50 REPORTING OF OTHER GENERAL RELIEF FROM COUNTY INDIGENT FUNDS  
(PART C OF FORM GR 237)**

564-50

Part C of the GR 237 report is designed for reporting all general relief from the regularly designated or budgeted general relief (county indigent) fund other than that reported in Parts A and B. Provision is made for reporting both the amount of obligations incurred and the number of persons for whose benefit these obligations are incurred. This section gives the SDSW information as to the type and amount of miscellaneous assistance extended by individual counties from general relief or county indigent funds.

(Section Continued on Next Page)

564-40 (Continued)

564-40

Col. 2. Persons--Enter the total number of persons for whose benefit General Home Relief was extended. This item should equal the number of persons in family cases plus the number of one-person cases.

Col. 3. Obligations Incurred in Cash--Enter the amount of obligations incurred for General Home Relief to be paid by check or in cash directly to recipients. Include amounts paid from general relief (county indigent) funds to certified relief workers on work relief projects authorized and operated by the agency for persons in need.

Col. 4. Obligations Incurred in Kind--Enter all obligations incurred during the month for payments to recipients in the form of groceries, clothing, fuel, rent, services, etc.

Such obligations should include the following items:

- (1) The value of orders for commodities, i.e., food, clothing, fuel, etc.
- (2) The value of orders for shelter or for gas, electricity, and other utilities.
- (3) The purchase cost of commodities issued directly to cases. If commodities are distributed through a commissary, include also the amount of obligations incurred for operating the commissary during the month. If the county owns a commissary, the cost of plant and equipment is not to be reported in the month in which the items are purchased, but the value is to be distributed over the life of the items and appropriate shares charged to each month.

Do not include the following items:

- (1) The value of commodities produced on Federal work programs or local work relief projects and issued to recipients. Example: WPA clothing.
- (2) Obligations incurred for non-relief labor, for materials, equipment, and/or supplies for Federal work programs or local work relief programs.
- (3) Obligations incurred for items commonly referred to as administrative expense of the general relief program.

(Section Continued on Next Page)



564-50 (Continued)

564-50

Item 12. Short-term Care--Enter obligations incurred from the general relief or county indigent fund for short-term care, such as single meals and overnight lodgings to transient cases.

This item should include cases granted a card for two or three days' care, at a lodging house, but not expected to receive any further assistance.

Item 13. Transportation Costs to Place of Residence--Enter obligations incurred from the general relief or county indigent fund for returning needy persons to their place of legal residence. Include railroad and bus fares, gasoline, etc., and cost of meals and other care en route. Do not include expenditures incurred for ambulance transportation to or from a hospital; report such expenditures in Item 9.

Item 14. Other--Enter obligations incurred from the general relief or county indigent fund which cannot be classified under other items in the report. Explain the nature of the obligation. Do not include payments to ANC families for the specific benefit of the family unit, nor costs commonly referred to as "administrative expense." (W&IC 115, 116, 2506)

564-50 (Continued)

564-50

Do not include any aid which is not from the regularly designated or budgeted general relief fund. If aid of the type specified is not provided from this fund but is provided through some other county fund, a dash (--) should be entered.

Obligations should be reported on the basis of obligations incurred during the month. Include all cash payments, relief in kind, relief orders and requisitions.

Item 7. Boarding Home Care of Children--Enter obligations incurred from the general relief or county indigent fund for the care of children in boarding homes if those children are not receiving ANC. Include only obligations incurred for children for whom payments are based on a fixed monthly rate instead of family budgets, excluding payments for children who are in a boarding home maintained by a parent or legal guardian.

Item 8. Boarding Home Care of Adult Persons--Enter obligations incurred from the general relief or county indigent fund for the care of aged persons if they are living in a home under a specific board and care agreement and are not receiving OAS, ANB, or APSB.

Item 9. Hospitalization--Enter obligations incurred for private or public hospital care, contract sanatoria, etc., when such expenditures are made from the regularly designated or budgeted general relief or county indigent fund.

This item shall include costs of physicians and drugs and other medical and dental care extended from the general relief fund to persons in hospitals. Expenditures from the general relief fund for ambulance to and from the hospital shall be included under this item.

Include obligations incurred for hospitalization of OAS, ANB, APSB, and ANC cases when such obligations are separate and distinct from the regular monthly grant.

Item 10. Medical and Dental Care--Enter obligations incurred for medical, optical and/or dental care outside the hospital when such expenditures are made from the general relief or county indigent fund. Include obligations incurred for services of physicians, dentists, nurses, etc.; obligations incurred for medical supplies, such as medicines, braces, appliances, eye glasses, and dentures; and obligations incurred for other medical and dental care outside the hospital when such expenditures are made from the general relief fund,

Include obligations incurred for medical and dental care of OAS, ANB, APSB, and ANC cases when such obligations are separate and distinct from the regular monthly grant.

Item 11. Burials--Enter obligations incurred for burials and cemetery care when such expenditures are made from the general relief or county indigent fund.

(Section Continued on Next Page)



May 10, 1945 inserted in Manual.  
Earl Warren  
Governor

MAIN OFFICE  
SACRAMENTO  
616 K STREET  
(14)

LOS ANGELES OFFICE  
WASHINGTON BUILDING  
311 SOUTH SPRING STREET  
(13)

SAN FRANCISCO OFFICE  
DAVID HEWES BUILDING  
995 MARKET STREET  
(3)

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES M. WOLLENBERG

DIRECTOR

Sacramento 14  
May 8, 1945

SOCIAL WELFARE BOARD

BEN KOENIG, CHAIRMAN  
1680 NORTH VINE STREET  
LOS ANGELES

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922 J STREET  
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WILFORD H. HOWARD  
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MRS. JESSIE S. WILLIAMSON  
2816 OAK KNOLL TERRACE  
BERKELEY

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

IN REPLY PLEASE REFER  
TO:

Dear Mr. Jordan:

Attached are three copies of regulations, currently effective,  
made by the State Department of Social Welfare.

These regulations are filed in accordance with Article 21 of  
Chapter 3 of Title 1 of Part 3 of the Political Code as  
amended by Chapter 628, Statutes of 1941.

Very sincerely yours,

*Charles M. Wollenberg*  
CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

Encl.  
b5

RECEIVED  
SACRAMENTO, CALIF.

1945 MAY 9 PM 3 13

FRANK M. JORDAN  
SECRETARY OF STATE  
STATE OF CALIFORNIA

for Code -

Put with the rest in book case

State of California  
Department of Social Welfare  
Division of Financial Administration

\*\*\*\*\*

MANUAL  
OF  
POLICIES AND PROCEDURES  
INSTITUTIONAL AUDITS

\*\*\*\*\*

FILED  
In the office of the Secretary of State  
of the State of California  
MAY 16 1945  
FRANK M. JORDAN, Secretary of State  
By *Chas. J. Taggart* Deputy

Audits of Private Institutions  
Bureau of Audits

W41C 115, 116, 2160.5, 2300, 2301-2310, 2350-2360, 3844.5



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## INTRODUCTION

The material contained in the pages that follow has been prepared for the staff members as an aid to achieve performance efficiency and uniformity in procedure in conducting audits of the records of private institutions. A section has been included outlining office procedure in detail to assist staff members who process the audit material prepared in the field.

By serving as a training aid to the new employee, the manual should have the effect of materially shortening the period of training necessary for him to reach the desired degree of efficiency in performing the specific duties of his position.

The explanatory data has been purposely arranged in the order the various functions or steps generally proceed. In actual practice, it will occasionally be found necessary to deviate from this order because of the inaccessibility of certain records, but this will be the exception rather than the rule.

The manual is arranged in three parts under the following headings:

- I Purpose
- II Procedure
- III Forms

Under Part I is given a brief explanation of the purpose of Institutional Audits and the laws governing financial supervision of institutions. Sections 100 to 106 inclusive describe the various types of institutions covered by financial investigations with reference to legislation authorizing financial examinations.

Part II covers Procedure; namely, Audit Procedure under IIA, and Office Procedure under IIB. Sections 200.1 to 200.38 inclusive explain audit procedure step by step that is followed in auditing the accounts of various types of private institutions. Sections 300.1 to 300.8 inclusive explain office procedures involving the handling of field audit material, the compilation and release of reports, agenda material, and issuance of certificates of authority.

Part III includes a brief explanation of all forms used in connection with the carrying out of the numerous functions of the institutional audit program. (Sections 400.1 to 400.13 inclusive). Copies of all forms used, including a sample audit report, are also included in this part.

Revisions of the material in the manual will be made from time to time as the need arises in order to keep it current with respect to changes in procedure and policy, and legislative amendments affecting the institutional audit program.

The manual has been compiled for the use of staff members of the Bureau of Institutional Audits and certain staff members of the State Department of Social Welfare who, in contacts with private institutions, would find the material helpful as a medium of reference. The manual is not intended for general distribution within the department nor to persons on the outside.

WELFARE AND INSTITUTIONS CODE

DIVISION 3 AGED PERSONS

Chapter 3, Supervision of Life Care Contracts

Original Legislation Effective September 19, 1939, Chapter 475.  
Amendments of 1943 Effective August 4, 1943, Chapter 924.

2350. Any organization or person maintaining a home for the aged may receive transfers of property conditioned upon his agreement to furnish life care or care for a period of more than one year to the transferor or his nominee, when granted a certificate of authority by the State Department of Social Welfare; provided, such organization or person has received a written license or permit pursuant to Chapter 2 of this division. (Amended by Stats. 1943)

2350.5. Before issuing the certificate of authority, the State Department of Social Welfare may, if it deems it necessary to safeguard the interests of the aged in the State, require any applicant for a certificate to file with the department a bond executed by an admitted surety insurer, in an amount satisfactory to the department, conditioned that the principal will faithfully perform all obligations undertaken by him pursuant to the certificate of authority, to and for the use and benefit of all persons who may be injured or aggrieved by the failure of the principal to perform any such obligation, and any person so injured or aggrieved may bring suit on such bond, in his own name, without an assignment thereof.

This section shall not apply to any charitable, religious, benevolent, fraternal, educational, or other non-profit organization or society maintaining a home for the aged. (Added by Stats. 1943)

2351. Upon granting the certificate of authority to receive transfers of property, the State Department of Social Welfare shall require the organization or person to establish and maintain reserves in an amount not less than the amount necessary as reserves for the agreements of the organization or person in accordance with the standard of valuation based upon McClintock's table of mortality among annuitants, with interest assumption at  $2\frac{1}{2}$  per cent per annum. Failure to maintain reserves as provided in this section shall be deemed a breach of any agreement to furnish life care or care for a period of more than one year as provided in Section 2350.

The reserves shall consist only of the following:

- (a) Cash, which shall include:
  - (1) Cash on hand
  - (2) Deposits in demand and term savings accounts with banks which are members of the Federal Deposit Insurance Corporation, to the extent that such deposits are insured by such corporation
  - (3) Investments in certificates issued by building and loan associations which are members of the Federal Savings and Loan Insurance Corporation, to the extent that such certificates are insured by such corporation.



- (b) Securities of which 75 per cent shall be such as are permitted for the investment of funds of savings banks of California. Of the remaining 25 per cent of securities, 10 per cent may consist of preferred stocks and 15 per cent may consist of common stocks. Said stocks shall be limited to corporations which have an uninterrupted dividend record of at least ten years and must be of a high investment grade. The stocks shall be subject to the approval of the Department of Insurance and upon the request of the Department of Insurance any stocks to which it objects shall be eliminated from the required reserve.
- (c) Real estate, or equities therein, owned by the organization or person, to the extent of 60 per cent of the net value thereof, as appraised by two appraisers approved by the State Department of Social Welfare.
- (d) Furniture and equipment as needed for the operation of the institution to the extent of 50 per cent of the net value thereof as appraised by two appraisers approved by the State Department of Social Welfare. (Amended by Stats. 1943)

2352. The State Department of Social Welfare may require the filing with the department of a copy of any agreement entered into between the certificate holder and the transferor, by every organization holding a certificate of authority to receive transfers under this chapter.

2353. The agreement must show:

- (a) The value of the property transferred
- (b) The amount of care agreed to be furnished to the transferor or his nominee
- (c) The manner in which the care is to be furnished  
(Amended by Stats. 1943)

2353.1. If the agreement permits dismissal or discharge of the aged person from the home prior to the expiration of the agreement, with or without cause, an amount equal to the difference between the amount paid in and the amount used for the care of the aged person during the time he remains in the institution, based upon the per capita cost to the institution, shall be refunded to the transferor; however, in cases where a consideration greater than the minimum charge has been paid for accommodations above standard, a sum equal to the difference between the amount paid in and the ratio of the amount paid to the minimum consideration for standard accommodations times the current per capita cost to the institution applied to the period the aged person remained in the institution shall be refunded to the transferor. If the per capita cost to the institution during the period cannot be established otherwise, the cost during the period shall be deemed to be the cost at the time of the dismissal or discharge. (Added by Stats. 1943)

2353.2. Whenever action is brought by or on behalf of an aged person against any organization or person maintaining a home for the aged for breach of an agreement to furnish life care or care for more than one year to the aged person, the plaintiff may, at the time of issuing the summons, or at any time afterward, have the property of the defendant, in an amount not to exceed the amount paid in or the value of the property transferred to the defendant at the time of the transfer,

attached as security for the satisfaction of any judgment that may be recovered, unless the defendant gives security to pay such judgment, as provided in Chapter 4 of Title 7 of Part 2 of the Code of Civil Procedure. (Added by Stats. 1943)

2354. The State Department of Social Welfare shall make such rules and regulations as it deems best for the government of any institution or organization specified in section 2350 in order that the rights of aged persons may be protected. The department may, by any member or any duly authorized representative, inspect and examine any such institution, home, or place, books and records of the performance of any service required pursuant to the agreement.

2354.1. In lieu of making a detailed financial investigation, the State Department of Social Welfare may accept an annual audit of the organization or person made by a certified public accountant. (Added by Stats. 1943)

2355. A certificate of authority issued by the State Department of Social Welfare shall expire twelve months from its date of issuance, and application for renewal of same shall be filed ten days prior to its expiration.

2356. Certificates of authority may be revoked for cause after a hearing before the State Social Welfare Board. Written notice of the time and place of such hearing and the charges made against the holder of the certificate of authority shall be duly served on him not less than ten days prior to the time fixed for such hearing.

2357. For the failure of any organization or person to establish and maintain reserves as provided in this chapter, the State Department of Social Welfare shall, after due notice, revoke its certificate of authority. The department may request the Department of Insurance to aid in the determination as to whether or not sufficient reserves are established and maintained. (Amended by Stats. 1943)

2358. No certificate of authority shall be transferred. Neither the terms of the agreement, nor the place of performance specified in any agreement, shall be changed without the written consent of the State Department of Social Welfare.

2359. Any person, association, or corporation that maintains, enters into, or as manager or officer or in any other administrative capacity, assists in maintaining or entering into any agreement providing for transfer of property, conditioned upon an agreement to furnish life care to the transferor or his nominee, without first having secured a certificate of authority therefor in writing, or refuses to permit or interferes with the inspection authorized in this chapter, is guilty of a misdemeanor.

2360. The district attorney of every county shall, upon application by the State Department of Social Welfare or its authorized representatives, institute and conduct the prosecution of any action brought for the violation within his county of any of the provisions of this chapter.



## MANUAL OF POLICIES AND PROCEDURES

### Field Audits of Private Institutions Division of Financial Administration

\* \* \* \* \*

#### I - PURPOSE

IA - PURPOSE OF FINANCIAL STUDIES OF INSTITUTIONS: Audits are made of the records of private, non-profit, benevolent aged and children's institutions to determine financial compliance with various sections of the Welfare and Institutions Code. Five main groups of institutions are covered by financial investigations and these are designated as follows:

100. LIFE CARE TO AGED PERSONS: These transactions are, in most cases, covered by agreements entered into by and between the home and the aged persons.

100.1 Laws Governing Life Care: The audits of records of homes in this group which furnish life care to aged persons for a consideration, represent the major activity of the unit. The State Department of Social Welfare's responsibility is clearly set forth in the Welfare and Institutions Code, Division III, Chapter 3, Sections 2350 to 2360 inclusive, which govern the supervision of life care contracts. To enter into life care contracts a home must have (1) a license from the State Department of Social Welfare to operate a home for the aged (W&IC 2350, 2300-2310), (2) a certificate of authority, Form AI-8, also from the State Department of Social Welfare (W&IC 2350). The certificate of authority, Form AI-8, is granted to a home only after a financial investigation has indicated its ability to provide the necessary life care reserves consisting of certain assets permitted by law. (W&IC 2351).

Original legislation affecting the supervision of life care contracts became effective September 19, 1939, and required the incorporation of all homes entering into life care contracts, and the establishment of a trust fund to cover the necessary reserve for life care contracts entered into. Amendments introduced during 1943 which became effective August 4, 1943, removed both the incorporation requirement and the trust fund provision. Reserves consisting of certain types of assets must still be maintained by life care homes, but the assets are not required to be placed in trust. (W&IC 2351.)

IA - PURPOSE OF FINANCIAL STUDIES OF INSTITUTIONS

101. LIFE CARE AND MONTHLY CARE TO AGED PERSONS: The responsibility of the State Department of Social Welfare with respect to homes furnishing life care to aged persons and care to the aged on a month-to-month basis involves an additional obligation. If care is furnished to recipients of blind aid, monthly per capita costs must be determined because the per capita cost limit for homes furnishing care to blind aid recipients is \$83.33. (W&IC 3044.5.) Determination must also be made that aid recipients are not receiving free care nor hold enforceable contracts for life care. (W&IC 2160.5, 3044.5.)

102. MONTHLY CARE TO AGED PERSONS: Homes furnishing care to the aged on a month-to-month basis, life care not being the object, are frequently investigated for financial solvency, to determine monthly per capita costs and to analyze income and disbursements to support consideration for licensing. (W&IC 2300-2310, inc.) If blind aid recipients are receiving care in an institution within this category, the monthly per capita cost must be determined as blind aid recipients can not continue to live in homes where the per capita cost exceeds \$83.33. (W&IC 3044.5.)

103. FRATERNAL, RELIGIOUS AND RACIAL HOMES FOR AGED PERSONS: The State Department of Social Welfare's responsibility in respect to fraternal, religious, racial or other homes accepting assignments of property from applicants as a condition of admission, covers, primarily, the determination of monthly per capita costs. Audits of records to determine monthly per capita costs of homes within this group are required in order that county welfare departments may have figures available to arrive at the current property interest of an applicant for aid who at some time has assigned property to the home. Aged and blind persons may qualify for assistance provided the property interest of the individual does not exceed certain limitations prescribed by law, and provided also applicants are not receiving care under life care contracts. (W&IC 2163, 3047, AGO-NS5220, SDSW Bulletin 231.)

104. MONTHLY CARE TO CHILDREN: State aid payments are frequently found in children's institutions. Audits of records of children's homes are made on a selective basis where an urgent need exists to examine their financial performance as a support to licensing consideration. Recent financial activities with respect to children's homes, and this includes also day nurseries, has consisted mainly of determining per capita costs from financial material submitted and offering suggestions to improve existing account-keeping procedures. (W&IC 1620-1630, inc.)

105. COMMERCIAL HOMES FOR AGED PERSONS: These examinations are rarely made and are requested only when the need of an audit is urgent and when it is known aged aid and/or blind aid recipients are receiving care.



## II - PROCEDURE

### IIA - AUDIT PROCEDURE

200. AGED LIFE CARE HOMES: Audits are made of records of life care homes giving consideration to renewal dates of certificates of authority and if possible, dates of fiscal operating periods. When initial studies are made in order to determine whether the Home's application for certificate of authority can be approved, it is desirable, if practical, to disregard fiscal periods and work up to the last month preceding the date the audit was begun. In the event the organization is a large one with operations complex in nature, it is advisable to confine the audit to a fiscal period and to utilize, if available, the report of a certified public accountant.

200.1 Home Contacts: Before starting an audit, it is advisable to contact the person either in the home or in the office of the business manager of the institution who has charge of the accounting records and other records needed to make the study. This may be the superintendent, the accountant, or an officer of the institution. Records are available in the San Francisco and Los Angeles offices giving the auditor information on whom to contact. When making initial studies, it is advisable to contact an officer of the organization, generally the treasurer. Arrangements should be made at this time for a date, convenient to the home staff and the auditor, on which to begin the audit.

200.2 Population Study, Schedule of Residents: Generally, the first step in making a financial study of a life care institution consists of examining the applications and executed contracts of the guests in the home and listing pertinent data on a form provided for this purpose (DFA 177). These documents shall be examined for every resident of the home where an initial study is being made. Only contracts and applications of admissions during the year or during the period from the last day of the previous audit need be examined if the study is a follow-up. From the information included on this form, a schedule of residents is prepared using columnar captions as follows:

Name of resident  
Date of entrance  
Date of discharge  
Number of days in home during fiscal year  
Birthdate  
Birthplace  
Age on last day of fiscal year  
Amount paid for care  
Annuity factor at  $2\frac{1}{2}\%$   
Probable cost of care after last day of fiscal year  
Reserve necessary on last day of fiscal year

The schedule for monthly boarders will include the same captions excepting the last three which will be deleted. In place of amount paid for care, substitute monthly board and room payment.

IIA - AUDIT PROCEDURE  
200. AGED LIFE CARE HOMES

If room lessees are also in the home, a separate schedule will be necessary which will include the same information as indicated for monthly boarders. An additional column is to be provided showing the amount paid for room leases.

It should be stated here that all schedules comprising a complete financial report are to be prepared in a neat and legible manner so as to facilitate the job of checking and to insure accurate transcription. Explanatory data should be clear and concise; particular care must be taken to have numbered or lettered references supported by properly connected footnotes.

200.3 Average Daily Attendance: Inasmuch as the average daily attendance is a necessary factor in computing the average per capita cost of care of guests, a brief explanation for arriving at this figure follows. The total number of days all residents received care during the period, divided by the number of days of the period equals the average daily attendance. For example, if ten residents lived in a home the entire year, the average daily attendance would be ten (total resident days,  $3650 \div 365 = 10$ ). For leap years (1944, 1948, etc.) the one additional day in the year must be considered.

200.3a Partial Residence During Period: If the resident did not reside in a home the full period, the following rules are to be observed in computing the number of days care was received in the home.

The date of entrance is to be considered a full day while the date of discharge is to be dropped. For example, a resident entering June 1 who was discharged June 30 is considered to have received 29 days' care; his period of residence extended from June 1 to June 29 inclusive. This group will include residents who entered during the period and those who were discharged (died, dismissed, or left voluntarily).

200.4 Age on Last Day of Period: The age of the resident on the last day of the period under audit is indicated on the schedule of residents by his age in years and months. It is arrived at as follows:

	Year	Mo.	Day
Last day of period	1943	- 4	- 30
Birthdate	1865	- 5	- 31
Age	77	- 10	- 29

The number of days is not shown on the schedule of residents. In this illustration, 30 days were borrowed from the month column, making 60 days. Twelve months were borrowed from the year column, making 16 months.



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200.5 Determining Annuity Factor: The annuity factor to be used (McClintock's Table of Annuities at  $2\frac{1}{2}\%$ ) in figuring the probable cost of care and necessary reserve of each guest, is determined by the age and sex of the individual. If the individual's age is 77 years 6 months, he is considered to be 78 years of age. Thus, the annuity factor to be used for a man 77 years 6 months of age would be 5.236. If the age factor involves 6 months or more, add one year, if less than 6 months the age in years remains unchanged.

200.6 Amount Paid for Life Memberships: The amount paid for life care as shown on the contract should be checked through the financial records in order to account for possible discrepancies, also to determine the manner in which payment was made (cash, real property, securities, notes, etc.).

200.7 Verification of Residents in a Home: A verification should be made of all residents in a home during the fiscal period listed on forms DFA 177, Individual Case History sheets, indicated on the schedule of residents. The home's register of guests or card index may be referred to in order to account for all residents.

200.8 Certified Public Accountant's Report: Many homes have audit reports prepared by certified public accountants available for reference. The financial material contained in these reports may be used in lieu of making a detailed audit of income and expenditures, verifying investments by personal count, and checking other operations that have been covered by the public accountant. (W&IC 2354.1) When the report of a certified public accountant is used in lieu of making a detailed audit, a copy of the C.P.A.'s certification should be included in the completed financial report under Section "J" Exhibits.

200.8a Test-checks of Accounts are, nevertheless, necessary by the State auditor and are recommended particularly of expense accounts which frequently contain capital expenditures and improvements of sizeable amounts which could be charged to asset accounts or be set up as deferred expenses. Income accounts sometimes include refunds from guests for the use of the house telephone which should be applied against telephone expense; charges to visitors for meals should be applied against food expense. It is recommended that all miscellaneous income accounts be carefully analyzed.

200.8b Certified Public Accountant's Certification: The certified public accountant's certification should be studied to determine just what has been covered in the audit which will govern the scope of the State auditor's examination.

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200.9 Detailed Audits: In the absence of reports prepared by certified public accountants, investigation of the financial activities are of necessity required to be conducted in detail, particularly when the study is an initial one. Follow-up audits may be confined to test-checking if it has been determined through previous studies that the accounts had been accurately maintained and that income and expense items had been distributed to the proper accounts.

200.10 Trial Balance: The initial step in auditing the financial operations of an aged life care home consists of preparing a trial balance of the accounts of the general ledger.

With a list of account balances available, it follows that each and every account carried on the records should be verified, although the extent of work entailed to accomplish this is subject to certain exceptions explained more fully in the succeeding paragraphs.

200.11 Cash: Cash on hand and in banks as of the end of the period under audit is to be verified in the usual manner by a satisfactory accounting for all receipts and disbursements, provided it has not already been done by a certified public accountant. The ending book balance should be reconciled to the balance reflected by the bank statement and this balance should be confirmed by personal contact with the depository or it may be confirmed by mail.

200.12 Petty Cash: Petty cash funds need not be analyzed unless they exceed \$100.00. However, all petty cash funds, regardless of size, should be examined in order to see that reimbursements and disbursements are properly accounted for. The imprest system of maintaining a petty cash fund is to be recommended without exception.

200.13 Revolving Funds: Superintendents of aged homes are frequently required to attend to the purchasing of the food and supplies necessary to operate the establishment. An amount approximating the cost of one month's operations is turned over to the superintendent and should be accounted for before receiving a cash advance for the next month's expenditures. Vouchers supporting all remittances should be examined and the cash on hand at the end of the period as indicated by a reconciliation, should be in the possession of the superintendent. Revolving funds should, without exception, be reimbursed on the basis of the imprest system.

200.14 Bank Payroll Accounts: If the payroll is handled through a separate cash account, analysis should be made to account for unclaimed payroll checks. The ending balance shown on the books should be reconciled to the bank balance which should be confirmed



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200.14 (Continued)

by contact with the depository. The payroll ledger should also be scrutinized to see that withholding taxes for Federal income taxes are being deducted. A test-check of two months of salary and wage payments is recommended in order to be satisfied that no irregularities exist.

200.15 Accounts Receivable: The number of receivables (charge accounts) found in life care homes is small and is usually confined to balances due on life memberships, board and room, and purchases made by the home for guests. These accounts should be examined in order to determine which accounts are uncollectible or are in the doubtful category. A schedule should be prepared giving the names of the debtors, amounts owing the home, and any appropriate comments relative to the account's collectibility.

200.16 Notes Receivable: All notes receivable held by the home should be inspected and the balances due as of the end of the period under audit checked with the makers.

200.16a Schedule of Notes Receivable: A schedule of notes receivable should be prepared using the following columnar captions:

Name of maker  
Date of note  
Date of maturity  
Interest rate  
Original amount of note  
Principal, end of period  
Remarks

Appropriate comments about the collectibility of the note should be noted under "remarks."

The schedule should indicate in separate groups the notes which are secured by other property and those which are not; the nature of property mortgaged to secure the note; the address, if real property, should be included in the comments.

200.17 Investments: The verification of investments owned by a home is one of the most important phases of the investigation of the financial affairs of a life care institution. Ordinarily, an inventory is required of all securities belonging to an institution which are to cover the necessary life care reserve. This can be accomplished by contacting the proper home officials who will accompany the auditor to the safety deposit vault where the securities are generally kept. A duplicate examination will not be necessary if a report is available by a certified public accountant which indicates that all investments owned by the home have been verified.

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200.17a Schedule Headings of Investments: A list and complete description of all securities owned by the institution is to be shown in a schedule using columnar captions as follows:

Bonds:

Date of maturity (complete date)  
Interest rate  
Date acquired  
Par value  
Cost or book value  
Market value  
Income during period (if readily available)

Stocks: Preferred:

Number of shares  
Interest rate  
Par value  
Cost or book value  
Market value  
Income during period (if readily available)

Stocks: Common:

Same captions as for preferred stocks  
with interest rate omitted

One set of captions across the top of the schedule may be used to cover all types of securities.

200.17b Safekeeping of Securities: Investments should be kept in a safe place, preferably a bank safety deposit vault. Negotiable securities including bearer bonds should not be kept in an office safe; in fact, all assets of this kind should be stored in a bank vault where access is possible only by appointed officials of the home.

200.17c Market Values: Market values are determined on all stocks and bonds and the total value is set up on the balance sheet.

200.17d Securities Considered in Reserve: Bonds are checked to determine whether they are legal for the investment of funds of savings banks if they are to be considered as a part of the life care reserve (W&IC 2351.) Stocks used in the reserve must be checked to determine whether they are of high grade investment character and whether a minimum ten-year record of dividend performance is indicated. (W&IC 2351.) Moody's Manual of Investments is an excellent reference medium for procuring this essential information. Fitch's Stock and Bond Record may be consulted for current quotations. The Superintendent of Banks' Office can be contacted for market values of bonds not listed in either Moody's Manual of Investments or the Fitch Bond Record.



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200.18 Outside Real Estate: All outside real estate owned by the home as an investment should be examined primarily to verify ownership. In making initial studies, ownership of real estate supposedly acquired by the home can be determined by checking the records of the county recorder in which the property is located. Generally, tax bills covering real property are sufficient evidence of ownership.

200.18a Schedule Heading, Outside Real Estate: The schedule of outside real estate should include the following columnar captions:

Description and address  
Date acquired  
Means of acquisition  
Assessed value (from tax bills)  
Book value  
Depreciation  
Depreciated value  
Remarks

200.18b Value for Reserve Purposes: As a rule, the book value of outside real estate is acceptable for balance sheet purposes, unless it is to be used as a part of the life care reserve. Two appraisals by appraisers which have been approved by the State Department of Social Welfare, setting forth the fair market value, must be made in this event. Sixty per cent of the appraised value is the maximum figure that can be used in the reserve. (W&IC 2351.)

200.19 Insurance: All insurance policies in force during the period of audit should be examined to determine the adequacy of the coverage and the premium chargeable to the fiscal year of operations. The unexpired portion need not be figured; however, if the organization maintains a schedule of insurance from which the amount of insurance unexpired can be taken, the value of this item may be accepted for use on the balance sheet.

200.19a Schedule of Insurance: A work-sheet schedule of insurance should be prepared containing the following information:

Name of Insurer  
Policy Number  
Type of Insurance  
Property Insured  
Term of Policy  
Date of Policy  
Date Policy Expires  
Amount of Policy  
Amount of Premium  
Average Cost for the Year under Audit

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200.19a (continued)

This schedule is not included in the final report.

200.19b Average Annual Cost of Insurance: In arriving at the average cost of insurance for the year under audit (if not available), consideration is given to only those policies active as of the end of the period under review. The cost of insurance for the year of a five-year policy carrying a premium of \$500.00 would be \$100.00. The pro rata total of all policies active at the end of the period would represent the cost of insurance for the year. This short-cut method has been found to closely approximate the figure arrived at by the detailed, time-consuming method of considering all policies including those expiring and effective at varied times of the year and calculating the annual cost on the basis of months and days each policy was active during the period.

200.19c Life Insurance Policies Assigned to Institutions: Several life care institutions in the State of California require assignment of insurance policies along with other assets as a condition of admission. The cash surrender value of life insurance policies thus assigned should be included in the "Assets" section of the Balance Sheet under "investments."

200.20 Plant Property and Equipment: In initial studies, it is necessary to substantiate the current book value of plant property and equipment. This can be done by examining the vouchers covering the costs of construction and subsequent additions, or checking other evidence that is available verifying an outright purchase. If financial records are not on hand giving original costs, an examination of the Board minutes may furnish information on this subject. Estimated costs based upon assessed valuations, while not satisfactory, may be used in the absence of financial data in the records. Appraisal figures, if submitted by bona fide appraisers, are the most satisfactory means of establishing the value of plant property and equipment at a given time.

Life care institutions frequently find it necessary to use plant property and equipment as part of the reserve for life care covering the group which entered after September 19, 1939. In order to use plant property and equipment for reserve purposes, it is necessary for the homes to have appraisals made by two appraisers to be approved by the State Department of Social Welfare. Section 2351.c of the Welfare and Institutions Code provides that sixty per cent of the net value of real estate or equities therein as appraised by two appraisers approved by the State Department of Social Welfare may be used for reserve purposes. It also provides that furniture and equipment to the



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200.20 (continued)

extent of fifty per cent of the net value as appraised by two appraisers approved by the State Department of Social Welfare may be used for reserve purposes.

The supervisor of the Institutional Audits Section conducting audits, is the one who approves the qualifications of appraisers engaged by life care homes when the institution finds it necessary to use plant property and/or real estate, or furniture and equipment for reserve purposes. This supervisor also approves the appraisal reports submitted. The Division of Corporations, or similar agencies, may be called upon to confirm the qualifications of chosen appraisers.

200.21 Title to Property: An examination of the records of the county recorder's office is a requirement where an initial study is undertaken, inasmuch as this investigation establishes ownership of the property and the name in which the title to the property is vested.

200.22 Depreciation: The wear and tear of buildings and furniture and equipment including automobiles and trucks, is interpreted in dollars and cents by using rates established by the State Department of Social Welfare as follows:

Class A, Type I	Building	-	1	%	(100	years estimated life)		
" B, " II	"	-	2		( 50	"	"	"
" C, " III	"	-	3		( 33 1/3	"	"	"
" D, " IV	"	-	4		( 25	"	"	"
Furniture and Equipment		-	5		( 20	"	"	"
Automotive Equipment		-	25		( 4	"	"	"

Definite information as to the type of any building can be had by consulting the State Fire Marshal's office.

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200.22a Types of Buildings: A Class A building is of steel reinforced concrete construction and is one hundred per cent fireproof. A Class B building is of reinforced concrete construction but is not one hundred per cent fireproof. A Class C building is generally of frame construction having a brick, tile, or concrete facing. A Class D building is of wood construction throughout. Buildings of stucco construction come in this category also.

200.22b Schedule of Depreciation: A schedule of depreciation is included in all financial reports of institutions and should be prepared using columnar captions as follows:

Description
Class of structure (A, B, C, or D)
Rate of depreciation
Appraised value or cost
Allowance for depreciation (prior to period under audit)
Depreciation expense (for period under audit)
Allowance for depreciation (to end of period under audit)
Depreciated value

The schedule of depreciation is usually started while the audit is in process at the institution in order to record the verified value of assets, subsequent improvements thereto, and information as to the type of building. The schedule may be completed in the district office where office equipment is available to make the necessary calculations to arrive at the annual cost of depreciation, the allowance for depreciation, and the depreciated value of assets.

200.22c Over-Depreciation: It will occasionally be found that buildings and equipment are being over-depreciated by using State Department of Social Welfare rates; that is, their values will have been reduced to a small figure where as a matter of fact these assets appear of greater value, due to their present good state of repair. Buildings and equipment items properly maintained frequently give many years of satisfactory service after having been fully depreciated. This condition can be overcome to a certain extent by charging the allowance or reserve for depreciation with the cost of major repair items and with the expense of replacements of worn out equipment.



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200.23 Accounts Payable: Inasmuch as the majority of life care homes operate on a cash basis and pay their accounts currently, little time need be devoted to verifying accounts payable. If, in the opinion of the auditor, it is deemed advisable to check the payables, the usual procedure of verifying balances due creditors by direct contact should be followed. A schedule should be prepared listing the names of all creditors and the amounts owing them.

200.24 Notes Payable: The same procedure for verifying notes payable should be followed as outlined for notes receivable, except that the balances owing at the end of the period are to be confirmed by the payee.

200.24a Schedule of Notes Payable: Notes payable should be scheduled using the following columnar captions:

Name of payee  
Date of note  
Date of maturity  
Interest rate  
Original amount of note  
Balance due, end of period  
Remarks

Notes payable, also, should be grouped according to those secured and those not secured by property.

200.25 Unemployment Insurance: Generally, benevolent institutions are not required to pay Unemployment Insurance or Old Age Benefit taxes based on salaries and wages, but occasionally, a home is contacted that participates in the plan. Inasmuch as auditors of the Department of Employment cover organizations paying taxes of this kind, no attention is required by this unit beyond seeing that proper liabilities covering taxes payable have been recorded on the books.

200.26 Property Taxes: It is very essential to analyze the property tax account whether carried as an expense item or on accrual in order that all expense not applicable to the plant property can be eliminated. Taxes on investment property should be applied against income derived from such property and should not be included as an expense of the home buildings, land and equipment.

200.26a Tax Bills: Tax bills should be examined in order to note the following:

1. Assessed values of all property
2. Whether taxes are assessed against the home
3. To account for all outside real estate recorded in the books
4. To establish ownership of all property

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200.26a (continued)

5. To determine whether any adjustment is necessary for taxes prepaid. This will apply only when accounts are maintained on an accrual basis.

A facsimile of the tax bill should be included in the report for reference.

200.27 Admission Fee Deposits: This account should contain the amounts deposited by guests for life care who have entered the home and are considered to be on probation. These residents may leave the home for any reason during the probationary period and receive a refund of their deposits with a reasonable deduction for board and room charges. The home may, at its discretion, dismiss the guest if it appears that he is not suited to institutional life. An analysis should be made of guests' deposits to account for all guests in the home and to clear any balances covering individuals who attained life care status.

200.28 Guests' Deposits: This account represents funds turned over to the home by guests for safekeeping without relinquishing control thereof. Unless checked by a certified public accountant, these individual account balances should be verified.

200.29 Institutional Documents: Various material pertinent to the operation of the institution is to be procured for inclusion in Section "J" Exhibits, of the financial report.

200.29a Articles of Incorporation: Articles of Incorporation are to be procured when initial studies are undertaken. If these are not available in the administrative offices of the organization, they are obtainable in the office of the Secretary of State, Sacramento. The articles should be carefully examined to note whether the purposes for which the organization was incorporated are being followed out. In subsequent audits, investigations should be made to determine whether changes in the articles have been made.

200.29b Directors or Trustees: Each financial study of an institution should include a list of members of the Board of Directors or Board of Trustees holding office the last day of the period under review. This data, included in Section "A" of the report, is to contain the following information:

1. Name of the officer
2. Title
3. Address
4. Term of office



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200.29c Committees: Members of various standing committees should also be listed and made a part of the financial report.

200.29d Staff of Home: A list should be included of the employees of the institution in Section "B" of the report as of the last day of the period under audit. The following information should be furnished:

1. Name of employee
2. Position or duties
3. Monthly salary
4. Other remuneration (room and board, meals, etc.)
5. Date employed

200.29e Board Minutes: The record of minutes of Board meetings of the home usually maintained by the secretary, should be examined for the period under review in order that any changes in policy affecting the home's activities can be commented on in the report.

200.29f Other Miscellaneous Material Required of Homes: The following material should be procured from the home when initial studies are made and this material is to be included in the final report under Section "J" Exhibits:

1. By-laws of the organization
2. Copy of the life care agreement
3. Copy of the application form
4. Copy of the medical report
5. Copy of the rules and regulations  
of the home
6. Copy of the literature published by  
the home
7. Copy of any document pertinent to the  
operation of the home.

This material should be studied carefully and irregularities in home procedure incorporated in the narrative section of the financial report.

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200.30 Statements of Operations: Following the verification of the various accounts reflecting the fiscal activities of a life care institution, attention is directed toward the preparation of statements of operations covering the year under audit. These are contained under Sections "E", "F", and "G" of the assembled report and cover the following:

1. Statement of operating costs
2. Statement of income
3. Condensed statement of income and cost of operations

200.31 Operating Costs: Perhaps the most important statement of this group from our viewpoint is the Statement of Operating Costs because the per capita cost calculation is based upon the costs of operations and it is from this financial data that the reserves for life care are computed.

200.31a Per Capita Cost: To arrive at the average annual per capita cost of a home it is necessary first to refer to the schedule of attendance on which the average daily attendance is indicated, explained under Section 200.3. The total cost of operations including depreciation divided by the average daily attendance equals the average annual per capita cost. A similar computation is made excluding the cost of depreciation for the purpose of figuring the necessary reserves for all life members in the home the last day of the period under audit. The figure thus computed represents the cash cost of care of the entire group of guests in the home.

200.31b Sub-schedules: The only subsidiary schedule requiring preparation that covers any item designated in the previous paragraph concerns depreciation which has already been explained in Section 200.22.

200.31c Arrangement of Items: The general arrangement of items included in the three statements of fiscal operations is given as follows:

Statement of Operating Costs:

Care and Subsistence:

Salaries and Wages  
Food  
Medical  
Funeral

Utilities and Maintenance:

Heat, light and power  
Telephone  
Housekeeping and laundry  
Repairs and maintenance  
Garden and grounds  
Livestock expense



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200.31c (continued)  
Statement of Operating Costs (continued)

General:

Taxes	
Insurance	
Administrative and office	
Transportation	
Freight	
Total Costsexcluding Depreciation	_____
Depreciation	_____
Total Cost of Operations	=====

Other Costs:

Gain or loss on sale of membership fees (if loss)	
Loss on sale of securities	_____
Total Costs	=====

200.32 Statement of Income: This statement reflects the detail of all revenue received by the home during the fiscal period and usually includes items as follows:

1. Amount available from the reserves for operations
2. Income from monthly boarders
3. Income from outside real estate
4. Gain or loss on sale of life memberships

Other items will occasionally be encountered including gifts, donations, membership dues, etc., but the four listed in the previous paragraph are present in the annual transactions of practically every life care institution.

200.32a Amount Available from Life Care Reserve: This item of income represents the shrinkage in necessary reserves for life care during the period's operations.

200.32a1 Initial Studies: To arrive at this item of income when an initial study is made of an institution, it is necessary first to list all guests in the home at the beginning of the period according to age groups. Women are arranged in one group and men in another. The next step is to determine the same information for all guests in the home at the end of the period. It should be noted that guests in the home at the beginning of the period will have aged one year provided they are in the home at the end of the period. Guests who entered during the period are grouped the same way, noting that those who resided in the home six months or more are to be considered one year older at the end of the period.

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200.32a2 Columnar Captions: With this data available a schedule is to be prepared using captions as follows:

1. Number in home beginning of period
2. Age, beginning of period
3. Annuity factor at  $2\frac{1}{2}\%$
4. Reserve, beginning of period
5. Discharges during period
6. Number in home end of period
7. Age, end of period
8. Annuity factor at  $2\frac{1}{2}\%$
9. Reserve, end of period
10. Amount available (Col. 4 - Col. 9)

200.32a3 Computation of Necessary Reserve: Having determined the number of persons in the home at various ages, the next step is to determine the annuity factor for each age group. McClintock's Value of Annuities at  $2\frac{1}{2}\%$  furnishes this information for men and women. Referring to the table of annuities one finds, for example, that the annuity factor of a man aged 67 is 8.980. The reserve necessary for guests in the home at the beginning of the period is arrived at by multiplying the annuity factor by the annual per capita cost excluding depreciation. If three persons are in the specific age group, the necessary reserve thus arrived at is multiplied by three. The same process is followed in calculating necessary reserves for the guests in the home at the close of the period. Guests who died during the period are automatically eliminated by reducing the number in the home at the end of the period.

An explanation why the amount available from reserves is figured using the per capita cost excluding depreciation might be in order at this point. The amount available for operations was based on the premise that a trust fund consisting of liquid assets had been established by the home. An amount reflecting the normal decrease in reserves could be withdrawn by the home annually from the trust fund. Inasmuch as it was not the policy of the department to include the depreciation of buildings and equipment as a part of the trust fund, the amount available from the reserve had to be calculated on a cash cost of care basis; that is, excluding depreciation. If the reserve were figured on a cash cost of care basis it follows that withdrawals should be calculated similarly.

This procedure is still in force even though the trust fund provision is no longer operative. In order to have an amount available from reserves for operations, a home must indicate an adequacy of liquid assets to cover this amount because only tangible assets can be expended.



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200.32a3 (continued)

Should an instance be encountered where insufficient liquid assets are on hand to cover the annual amount available from reserves, an appropriate comment to this effect should appear on the schedule (Section F-1) and in the narrative section of the report (Section I-2).

The question of setting up reserves without including depreciation in the per capita cost was discussed by John L. Bowman, former Supervisor of the Institutional Audit Unit, with various members of the Social Welfare Board as follows:

October 20, 1939	Mrs. Maude King
	Mrs. Bess Fisher
October 23, 1939	Mr. A. B. Young

These persons concurred in this procedure provided the plant property was unencumbered.

The amount available from the reserve covering a resident whose care in a state hospital is being paid for by the life care institution of former residence is represented by the difference between the beginning reserve and the ending reserve. In establishing the reserve, the annual payment by the life care institution to the state hospital is multiplied by the proper annuity factor.

One additional computation enters into a transaction of this kind and that involves the amount available from the reserve at the end of the year of commitment. For example, the reserve necessary for the resident on December 31, 1940 based upon the home's annual per capita cost of \$500.00 (excluding depreciation) is \$4,810.00. The necessary reserve on December 31, 1941 (after commitment) based upon the annual payment by the home to the state hospital of \$240.00 is \$2,212.80. Thus, the amount available from the reserve would be \$2,597.20. (\$4,810.00 - \$2,212.80.)

When a former life member is discharged from a state hospital and is readmitted to the life care institution, the amount available from the necessary life care reserve will come from either the reserves established on the basis of the annual payment to the state hospital or the reserves based upon the per capita cost of the life care institution established after the individual was readmitted.

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200.32a3 (continued)

If, during the period of change in residence, the individual resided in the state hospital six months or more, use the reserves based upon the annual payment by the life care institution for care. If the individual resided in the life care institution six months or more, use the reserves based upon the current per capita cost of the institution.

This procedure is illustrated in the following examples:

1. Reserve necessary 1/1/42 (in State Hospital)	\$ 2,212.80
Reserve necessary 8/1/42 (readmitted to Home)	1,974.48
Amount Available for Operations	<u>\$ 238.32</u>
2. Reserve necessary 6/1/42 (date of readmittance to Home)	\$ 4,810.00
Reserve necessary 12/31/42	4,413.50
Amount Available for Operations	<u>\$ 396.50</u>

Inasmuch as we calculate the amount available from reserves on an annual basis, we shall concern ourselves only with the computation so far as it affects the period of residence in excess of six months whether in the state hospital or in the home, in accordance with illustration one or two.

200.32a4 Schedule of Amount Available from Life Care Reserves: The structure of the schedule prepared to show the amount available from reserves in detail, is illustrated as follows:



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200.32a4 (continued)

The total reserve of the group in the home the end of the period is deducted from the total reserve at the beginning of the period and the amount thus arrived at represents the amount available from the reserves for operations. The computation of the amount available from reserves is a systematic process of amortizing the restricted portion of the membership fee as reflected by the reserve. To illustrate the point just explained, a hypothetical situation is presented as follows:

Example Reserve Diminishment:

Membership fee paid	\$ 5,000.00
Probable cost of care (per capita cost including depreciation)	<u>4,000.00</u>
Gain on Sale of Membership	\$ 1,000.00
Necessary Reserve (per capita cost excluding depreciation) 1/1/43	3,750.00
Necessary Reserve (per capita cost excluding depreciation) 12/31/43	<u>3,500.00</u>
Amount Available for Operations	\$ 250.00

It should be explained here that membership fees do not always exceed the amount of the necessary reserve. Charges for life care are not consistently based upon costs of care and guests are frequently accepted for comparatively small payments depending on the financial status of the institution and its admission policy.

200.32a5 Computations on Follow-up Studies: In follow-up studies it is not necessary to compute reserves for the group in the home at the start of the period under review. The lump sum necessary reserve shown on the amount available schedule for the previous period is set up on the current schedule. Details need be compiled only on guests in the home at the close of the period including those who entered during the period which is shown on the schedule of attendance.

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200. AGED LIFE CARE HOMES

200.32a6 Schedule Arrangement, Amount Available from Life Care Reserves: This schedule in summary form is arranged as follows:

Necessary Reserve 1/1/43 (from prior report)	\$ 423,601.04
Add: Necessary Reserve Upon Entrance Date of Admissions During 1943 (detail)	62,499.87
Deduct Necessary Reserve 12/31/43 (detail, Attendance Schedule)	410,138.76
Total Amount Available for Operations	<u>\$ 75,962.15</u>

Attention is again called to this arrangement which is used only in follow-up studies. For initial studies, the detail for both beginning and ending reserves must be shown as explained in Section 200.32a4.

In the event the ending reserve exceeds that of the beginning, caused by an abnormal increase in the per capita cost, the difference is carried to the statement of operating costs under the caption "other costs."

200.32a7 Amount Available from the Reserve for Revocable Contracts: This is determined in the regular manner; that is, the necessary reserve at the beginning of the period (based upon the per capita cost excluding depreciation times the annuity factor) less the necessary reserve at the end of the period. Revocable contracts are not considered subject to Sections 2350-2360 of the Welfare and Institutions Code. (AGO NS 4353.)

200.32b Amount Available from the Reserve for Annuitants: The amount available from this type of reserve represents the annual diminishment thereof as the annuitant grows older. The annual amount paid by the home to the resident, times the annuity factor which applies, represents the reserve. The beginning reserve minus the ending reserve equals the amount available for operations. The net amount remaining is shown on the statement of income under the caption "Amount Available from the Reserve for Annuitants." Note that annuity payments are not to be considered as costs of operations; that is, they are not to be included in the per capita cost calculation. These payments are to be shown on the statement of costs of operations under the caption "other costs."

200.32c Income from Monthly Boarders: A detailed statement of income from monthly boarders is required only in exceptional cases. Ordinarily the total figure shown in the home's records after verification is acceptable without showing details.



IIA - AUDIT PROCEDURES  
200. AGED LIFE CARE HOMES

200.32c (continued)

A worksheet analysis is advisable in order to eliminate payments of board and room which have been applied as credits on the purchase of life memberships or in cases where prepayments of board and room have been made.

200.32d Income from Outside Real Estate: The figure showing income from outside real estate in the home's records is acceptable without detailed verification. Expense of maintaining outside real estate should be applied against income and if an excess in favor of income results, it should be shown on the Statement of Income under "other income." If the computation indicates a loss, it should be shown on the statement of costs of operations under the caption "other expense." Expense of maintaining outside real estate should not be included in operating costs on which the per capita cost determination is made.

200.32e Gain or Loss on Sale of Life Memberships: A schedule should be prepared indicating whether life memberships sold during the period under review reflected a gain or loss compared to the probable cost of care. Guests serving their probationary period are not included in the schedule prepared currently. They must receive consideration, however, on the schedule prepared during the subsequent period when life care status has been attained.

An informational schedule may be prepared showing gain or loss on the sale of life memberships covering probationers. This gain or loss should not be taken into consideration on income or expense schedules covering current operations.

200.32e1 Columnar Captions: The columnar captions of this schedule are listed as follows:

Name of guest  
Age on entrance  
Amount paid for life care  
Probable cost of care (annuity factor  
times the annual per capita cost  
including depreciation)  
Probable gain or loss

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200. AGED LIFE CARE HOMES

200.32f Arrangement of Items, Statement of Income:

Operating Income:

- \*Amount Available from the Reserve for  
Life Residents
- \*Amount Available from the Reserve for  
Annuitants
- \*Probable Gain or Loss on Sale of Life  
Memberships
- Interest and Dividends on Investments
- Income from Monthly Boarders
- \*Miscellaneous

Other Income:

- \*Income from Outside Real Estate
- \*Gain on Sale of Securities
- \*Gain on Sale of Outside Real Estate

TOTAL INCOME

Subsidiary schedules are prepared on those items of income  
marked with an asterisk (\*).



IIA - AUDIT PROCEDURES  
200. AGED LIFE CARE HOMES

200.32g Other Operating Accounts: Other accounts reflecting income and expenses will be encountered from time to time but those commented upon in the previous paragraphs are typical and will be a part of practically every financial study covering a life care institution.

200.33 Condensed Statement of Income and Expenditures: This statement is prepared for each report covering the operations of the fiscal period and represents a summary of income and expenditures. The difference between the summary of income items and expense items is referred to as "excess income" or "excess expenditures" as the case may be. The expression "Profit and Loss" is not recommended inasmuch as benevolent, non-profit institutions are covered by audits under the jurisdiction of sections 2350-2360 of the Welfare and Institutions Code.

200.33a Arrangement of Items: The following arrangement of items comprising this schedule is recommended:

Condensed Statement of Income and Expenditures:

Operating Income:

General Income (Section reference)		
Available from Reserves (Section ref.)		
Total		
Entrance fees (Section reference)		
Less Probable Cost of Care		
(Section reference)	(a)	
Total Operating Income		

Operating Costs (including depreciation)		
(Section reference)		
Excess Operating Costs (or income)		

Other Income (Section reference)		
Other Costs	"	"
Excess all costs (or income)		

(a) If this figure should be a deduction (loss on contracts sold), report in the same place and deduct from income.

200.34 Reserves and Probable Cost of Care: The last two columns in the schedule of residents have been provided for computing the Probable Cost of Care and Necessary Reserve for each life care resident in the home the last day of the period under audit.

200.34a Probable Cost of Care Computation: The probable cost of care of each guest is determined by multiplying the annuity factor (7th column) times the annual per capita cost including depreciation.

IIA - AUDIT PROCEDURES  
200. AGED LIFE CARE HOMES

200.34b Necessary Reserve Computation: The necessary reserve for life care is arrived at by multiplying the annuity factor by the annual per capita cost excluding depreciation. It has been found helpful to write both per capita costs in pencil under the columnar captions for ready reference when making the individual calculations.

200.34c Value of Use of Buildings and Equipment Based on Depreciation: Upon totaling the items in the probable cost of care column and those in the necessary reserve, it will be noted that the total probable cost of care exceeds that of the necessary reserve by a considerable amount. This is because the items in the former amount include the per capita cost of depreciation. The difference between the totals of these columns represents "the value of use of buildings and equipment based on depreciation." This amount is carried to the balance sheet under the detail of "reserve for cash cost of care."

200.34d Reserves for Payment of Life Annuities: Several homes within the State enter into annuity agreements with their residents. They accept lump sum deposits for which the homes agree to pay the residents a stipulated sum. These payments are generally made once a month. Reserves must be set up for transactions of this kind which must be covered by securities legal for the investments of funds of savings banks. This is a requirement of the Insurance Code which is under the jurisdiction of the State Department of Social Welfare insofar as benevolent, non-profit institutions subject to the licensing and certification provisions of the Welfare and Institutions Code are concerned.

In order to determine the reserve necessary for an individual annuitant, multiply the annuity factor times the annual payment made by the home to the resident.

Example: Resident is to receive 5% of \$5,000.00 deposited with the home or \$250.00 annually. Assuming the resident, a woman, to be 73 years old, the reserve would be \$2,015.00 (factor 8.060 x \$250.00).

200.34e Segregation of Life Care Reserves: The names of the life care guests are arranged to show those who entered before September 19, 1939 and those who entered after this date in order that the total probable cost of care and total necessary reserves for both groups can be arrived at.



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200. AGED LIFE CARE HOMES

200.34e1 Assets Required for Reserve after 9/19/39:  
The necessary reserve for life care of the group who entered after September 19, 1939, must be covered by certain assets permitted by law, and it is therefore necessary to make this segregation. (W&IC 2351, AGO-NS3997.)

200.34e2 Assets Required for Reserve Prior to 9/19/39:  
The reserve for the life care group who entered before September 19, 1939 may be covered by the depreciated value of plant property and other assets (AGO-NS3997). If a portion of the plant property has been set aside to cover the group who entered after September 19, 1939, only the value of that portion remaining can be applied against the reserve for members who entered before September 19, 1939. Other assets not applied against the reserve covering members who entered after September 19, 1939 may also be applied against the necessary reserve for the former group.

200.34e3 Analysis of Assets to Cover Necessary Life Care Reserves: In keeping with the present procedure of computing the necessary reserve for both life care groups, namely, the one which entered prior to September 19, 1939, and the one which entered after this date, it has been considered advisable to make analyses of assets owned by the homes to determine their adequacy of coverage of these reserves. In most life care institutions it has been found that the "after 9/19/39" group now represents more than fifty per cent of the total reserve necessary. Within a few years' time the entire population will be the "after 9/19/39" group. Inasmuch as specific types of assets, some in restricted amounts, are required to cover the "after 9/19/39" group, a brief analysis of these assets should be included in Section "I", "Comments and Recommendations." Unapplied assets may be used to cover the necessary life care reserves for the "prior to 9/19/39" group. A sample arrangement of items contained in this suggested analysis is given as follows:

IIA - AUDIT PROCEDURES  
200. AGED LIFE CARE HOMES

200.34e3 (continued)

The foregoing analysis was purposely constructed in a somewhat involved form to cover a variety of asset items. Most analyses will prove to be comparatively simple; in fact, the detailed arrangement will be necessary only when the value of assets available for reserves might appear inadequate. You will note that when the allowed percentages of the appraised values of plant property and equipment are used for reserve purposes, the remaining forty per cent of land and buildings, and fifty per cent of equipment should not be applied against the reserve for the "prior to 9/19/39" group. Exceptions to this practice may be made, however, if the unapplied assets remaining for the "prior" group are inadequate.

If no portion of plant property and equipment is used for the "after 9/19/39" group, it is permissible to apply the book value of these assets less the allowance for depreciation against the "prior to 9/19/39" group provided the property is unencumbered.

200.34f Probationary Period: Reserves are not to be established for guests who are serving their probationary periods. Most homes provide a period of adjustment for the guests generally two or three months, during which time the resident may withdraw from the home or the home may discharge him for legitimate reasons. A guest thus discharged or withdrawing voluntarily is entitled to a refund of any funds paid for life care less a reasonable charge for care. Charges for care of guests in the home on a temporary basis may be considered as "income from room and board" or "income for probationers." The resident is not considered a life care guest until his probationary period has elapsed regardless of when the life care agreement was signed.

200.34g Deposits on Life Memberships: Deposits made by prospective life members should be recorded in the liability section of the balance sheet. When the members attain life care status, their deposit account should be cleared and a reserve for life care based upon the annual per capita cost and McClintock's Values of Annuities at  $2\frac{1}{2}\%$  established.

Deposits made by prospective residents of life care institutions should be set up in the liability section of the Balance Sheet under the title "Reserve for Life Care Contracts Pending." Inasmuch as this liability would be established only in instances where contracts are actually entered into by and between the life care institution and the prospective member, the amount of the liability will be based upon the life membership amount stated in the contract. If a partial payment



IIA - AUDIT PROCEDURES  
200. AGED LIFE CARE HOMES

200.34g (continued)

is made on the contract by the prospective life member, the balance due should be set up as a receivable.

200.34h Gratis Memberships: Persons admitted without charge need not be covered by reserves even though a contract for life care has been entered into by and between the prospective resident and the home. (W&IC 2350). A life care contract is said not to exist without the involvement of a transfer of property (cash, securities, etc.) from the prospective resident or his agent, to the home.

200.34i Reserves for Life Members in State Hospitals: No establishment of reserve and probable cost of care is necessary where it is found that a former life care guest of an institution is receiving care in a state hospital, provided no payment for care is made by the institution of former residence. If monthly payments are made by the life care institution to the state hospital for the former resident's care, the reserve and probable cost of care are based upon the annual payment made for the former resident and the annuity factor which applies; for example, assuming that a monthly payment of \$20.00 is made to the state hospital for a woman age 70, her reserve should be set up as \$2,212.80 ( $9.220 \times \$240.00$ ). Her probable cost of care would be the same as her necessary reserve because the depreciation factor does not enter into a computation of this kind.

The procedure for determining the amount available from the reserve for operations covering transactions of this kind is explained in Section 200.32a3.

In the event of discharge of the individual from the state hospital and subsequent return to the home and former status as a life member, the current reserve and probable cost of care of the guest will be calculated on the current per capita cost of the life care institution and the prevailing annuity factor.

A reserve adjustment will also be necessary in the event the inmate of a state hospital is discharged and returns to the life care institution and to former status as a life member. For example, the reserve of the individual while in the State Hospital based upon the annual payments for care from the life care institution on January 1, 1942 was \$2,212.80. The reserve as of December 31, 1942 after the individual's readmittance to the life care institution was \$4,413.50 based upon the current per capita cost and the applicable annuity factor. The adjustment necessary, amounting to \$2,200.70, is not to be considered in current operations inasmuch as it represents an adjustment to the probable cost of future care. The adjustment necessary

IIA - AUDIT PROCEDURES  
200. AGED LIFE CARE HOMES

200.34i (continued)

in the probable cost of care, which includes the value of use of buildings and equipment, should be to surplus.

200.34j Reserve for Revocable Contracts: Several institutions of the state enter into agreements with aged persons which appear to be life care arrangements but which permit the home to discharge the resident with or without cause. These arrangements are not considered life care contracts within the meaning of Sections 2350-2360 of the Welfare and Institutions Code. (AGO-NS4353). The necessary reserve and probable cost of care covering each individual admitted under this type of agreement should be established based upon regular calculations; that is, the per capita cost excluding depreciation times the proper annuity factor for the necessary reserve; and per capita cost including depreciation times the annuity factor for probable cost of care.

200.34k Surety Bonds: Section 2350.5 permits the State Department of Social Welfare, at its discretion, to require any applicant for a certificate to file with the Department a bond executed by an admitted surety insurer. The filing of a surety bond with the Department does not relieve the individual of the necessity of meeting the reserve requirements of Section 2351.



IIA - AUDIT PROCEDURES  
200. AGED LIFE CARE HOMES

200.35 Statistics: Material included under this caption is included in Section "H" preceding the schedules of attendance and covers the following pertinent data:

The first portion of this statement consists of a summary of residents in the home at the beginning of the period, the number who entered during the period, the number who died during the period, the number who left during the period, and the total number of residents in the home at the close of the period. If more than one type of resident receives care, a breakdown of all classes is also to be indicated. (Life care, monthly boarders, room lessees, probationers, etc.)

Other information appearing on this statement includes the following:

Average daily attendance  
Per capita cost for the year  
Monthly per capita cost  
(The per capita cost of depreciation is shown in each instance, with the total annual and monthly per capita cost.)

200.36 Balance Sheet: The balance sheet (Schedule D) reflecting the financial status of an institution as of the end of a specific period, is the last financial statement prepared.

200.36a Arrangement of Accounts: The arrangement of and nature of accounts appearing on the balance sheet is generally as follows:

Assets:

General:

Cash on hand  
Cash on deposit  
Accounts receivable  
Notes receivable  
Inventories  
Cemetery lots  
Deferred charges: Insurance  
Taxes

Total General Assets

IIA - AUDIT PROCEDURES  
200. AGED LIFE CARE HOMES

200.36a (continued)

Assets (continued)

Investments and Other Assets:

Securities (stocks, bonds at market,  
building & loan certificates)

Mortgages and Trust Deed Notes

Cash surrender value of annuities  
and life insurance of residents

Outside real estate

Total Investments and Other Assets

Home Property and Equipment:

Land

Buildings and Improvements, less  
allowance for depreciation

Furniture and Equipment, less  
allowance for depreciation

Automobiles and Trucks, less  
allowance for depreciation

Total Home Property & Equipment

Total Assets

Liabilities and Net Worth:

Liabilities:

Accounts Payable

Notes Payable

Accrued Payroll Payable

Reserve for Payment of Life Annuities

Deposits from prospective residents

Probable Cost of Care of Life Residents:

Reserve for cash cost of care:

Residents who entered prior  
to 9/19/39

Residents who entered after  
9/19/39

Value of use of buildings and  
equipment (based on depr.)

Probable Cost of Care of  
Life Members

Net Worth

Total Liabilities and Net Worth



IIA - AUDIT PROCEDURES  
200. AGED LIFE CARE HOMES

200.37 Scope of Audit: The scope of each audit made of the records of a life care institution appears under Section "C" of the assembled report. A brief statement as to the purpose of the audit and the nature of the work performed in the course of the examination is all that is needed.

200.38 General Comments and Recommendations: This narrative includes comments on the salient points of the financial study and is usually arranged as follows:

- Income and expense comments
- Per capita cost comments and comparison with  
prior years
- Financial condition and reserves
- Residents
- Records (accounting and population)
- Recommendations

Under the caption "Recommendations" include recommendations for granting a certificate of authority and any other recommendations intended to improve existing records or account-keeping procedures. If the home is ineligible to enter into life care contracts, a statement to this effect giving reasons, sufficiently covers the point, unless an application for certificate has been presented. In that event, a recommendation to deny the application for certificate of authority must be included.

It is essential here to draw a comparison between the adequacy of assets permitted by law and the necessary life care reserve covering the group which entered the home after September 19, 1939.

This section of the report should always be clear and concise inasmuch as it receives closer scrutiny than any other part of the report. It follows that the reader's judgment of the entire financial report will be based upon data contained in Audit Comments and Recommendations; therefore, great care must be exercised in preparing this summary of material.

## IIA - AUDIT PROCEDURES

### 201. LIFE CARE AND MONTHLY CARE TO AGED PERSONS

201. LIFE CARE AND MONTHLY CARE TO AGED PERSONS: Audit procedure covering life care institutions (Sections 200.1 to 200.38 inclusive) applies also to homes furnishing both life care and care on a monthly basis.

202. AGED INSTITUTIONS FURNISHING MONTHLY CARE ONLY: Frequently it is found necessary to audit the accounts of an aged home whose program of care is limited to providing board and room on a month-to-month basis.

Financial investigations of institutions in this category are similar in scope to those involving life care homes.

Generally, the examinations are not as detailed, unless there is evidence of mis-handling of funds or evidence indicating that the organization has deviated from its original purpose and in doing so has neglected to provide adequate care for its guests. Reports prepared by certified public accountants are not likely to be available covering the organizations whose operations are questionable from both the financial viewpoint and from the viewpoint of the standard of care provided.

202.1 Per Capita Cost Studies, Blind Aid: Financial studies are occasionally made to determine the per capita costs of aged homes. If blind recipients are receiving care the monthly per capita cost ceiling is \$83.33. (W&IC 3044.5.)

202.2 Per Capita Cost Studies: Assignments of Property: If residents have assigned property to a home wherein no life care contracts have been entered into, it is also necessary to determine the home's per capita cost in order that the residents' personal property equities may be computed. (SDSW Bulletin 231.)

Inasmuch as the scope of audit of an aged non-profit benevolent institution furnishing board and room on a monthly basis differs slightly from that of a life care home, the variations in procedure will be pointed out in lieu of establishing the complete procedure step by step.

202.3 Schedule of Residents: The last three columns of the schedule of residents--annuity factor at  $2\frac{1}{2}\%$ , probable cost of care, and the necessary reserve--apply only to life care guests, thus will be deleted.

202.4 Contracts: Contracts involving life care arrangements are likely to not be encountered in homes furnishing board and care on a month-to-month basis. Applications on file for monthly guests should be examined and the necessary data entered on Form DFA 177.



IIA - AUDIT PROCEDURES

202. AGED INSTITUTIONS FURNISHING MONTHLY CARE ONLY

202.5 Admission Fees: This account will not be found in homes furnishing only monthly care, but on occasion, a similar account, "prepaid board and room" will be on the books or should be established if prepayments are made and are not recorded. This account should be checked for over or under-payments of board and room.

202.6 Operating Costs: The various accounts comprising cost of operations should be checked in detail if the condition of the records deems it advisable. Records that appear to be maintained with reasonable accuracy may be test-checked. This is suggested in order to insure the computation of an accurate per capita cost.

202.7 Income: Income from various sources need not be audited in detail unless it has been determined in advance that analysis of the accounts comprising income is necessary. Revenue derived from sale of life memberships and amount available from reserves for operations are typical of homes entering into life care contracts and will not be found in homes furnishing care on a monthly basis only.

202.8 Probable Cost of Care and Necessary Reserves: All computations relating to the Probable Cost of Care of Residents and the Necessary Reserves affect life care institutions; thus, will not be required where the program consists of care on a month-to-month basis.

202.9 Balance Sheet: The general arrangement of items of the balance sheet previously outlined is to be followed but all reference to necessary reserves and probable cost of care will be deleted.

202.10 General Comments and Recommendations: The narrative section of the report will carry no reference to income involving the sale of life memberships, amount available from reserves for operations, or any comments pertaining to probable cost of care of life residents and necessary reserves.

IIA - AUDIT PROCEDURES

203. FRATERNAL, RELIGIOUS AND RACIAL HOMES FOR AGED PERSONS

203. FRATERNAL, RELIGIOUS AND RACIAL HOMES FOR AGED PERSONS: Financial examinations of homes sponsored by Fraternal, Religious and Racial groups where life care agreements are not entered into follow the same general procedure outlined for aged homes furnishing care on a month-to-month basis. Attention, however, is directed toward the verification of the property interests of residents who are receiving Old Age Security or Blind Aid and who at some time assigned property to the home. (W&IC 2163, 3047, 3447, AGO-NS5220, and SDSW Bulletin 231.)

204. CHILDREN'S HOMES: Audits of records of children's homes also follow the same general procedure outlined for aged homes furnishing care on a month-to-month basis. The scope of investigation will be based largely upon evidence made available to the State Department of Social Welfare indicating the necessity of a detailed financial examination. The condition of the books of account will also be a determining factor in deciding whether a detailed audit is advisable.

205. CONSTRUCTIVE SERVICES TO INSTITUTIONS: Frequent requests are received from institutions, both aged and children, for assistance in improving or revising existing accounting systems. The need for revision or improvement of accounting procedure affects, as a rule, the accounts reflecting receipts and disbursements. Attention is sometimes necessary with respect to the establishment or revision of asset and liability accounts; namely cash, plant property and equipment, investments, accounts payable, reserves and reserves for life care, if life contracts are entered into. The State auditor must use judgment in performing services of this nature so that complicated systems are not installed and on the other hand, that the accounting procedure recommended will prove adequate considering the character of the organization.

205.1 New Organizations: Institutions in the process of formation often need help not only in establishing adequate accounting systems, but also in the development of suitable forms required to carry out their programs of care. Considerable material on accounting records and forms is available in the three offices of the State Department of Social Welfare which should be relied upon in performing this kind of service. Legislation affecting the program of care under contemplation should be explained, particularly that portion involving life care. Inasmuch as legislation governing licensing and certification requires the maintenance of adequate records, this can well be eliminated as a problem at the start by reasonable cooperation on the part of the State auditor.

Considerable information on the type and arrangement of accounts that may be of assistance in devising practical accounting systems is contained in Section 200.30 and the subsections that follow, Statements of Operations. Section 200.36 contains a sample balance sheet which should be referred to for the kind of asset and liability accounts usually found in a life care institution.



IIB - OFFICE PROCEDURE

300. OFFICE AUDIT REVIEW AND CHECK

300. OFFICE AUDIT REVIEW AND CHECK: Upon completion of the audit report of an institution prepared in the field, it is reviewed and checked for mathematical accuracy preparatory to transmittal to Sacramento for typing and release. Reports are reviewed and checked in the San Francisco office which is the headquarters of the Institutional Audit Unit.

300.1 Audit Review: It follows that all material comprising an institutional audit report compiled in the field and in the district office be reviewed for completeness, correct arrangement of items on schedules, and pertinence of statements contained in the narrative sections (scope of audit and comments and recommendations). The Supervisor of the Institutional Audit Unit performs this function and he is responsible for all financial data contained in the report and statements related thereto. He must be especially careful that the field auditor's recommendations on certification are justified. This can only be confirmed through an analysis of the institution's financial condition as reflected by the balance sheet and supporting schedules. Upon completing the review, a notation to this effect is made on the index of work papers of the report (Form DFA 170) and the file is then turned over to a member of the San Francisco staff for detailed checking of the contents of the report.

300.2 Checking Audit Material: The checking function involves two main steps; namely, to account for all financial schedules and exhibit material needed to complete the study, and to check all financial data for mathematical accuracy. The necessary steps to accomplish this are listed as follows:

- (1) Check all papers in the audit file against the items listed on the index of audit work papers (Form DFA 170).
- (2) Check prior report to account for all members in the home carried forward to current schedule of attendance. This includes checking all pertinent data concerning the resident, i.e., date entered, birthdate, etc.
- (3) Verify number of days in home of residents, Column 3, Schedule of Residents (Section H).
- (4) Verify average daily attendance, Schedule of Attendance. (Total number of days of residents in the home divided by 365.) Check average daily attendance on Statistics statement as shown on the Schedule of Residents or on a statement which follows.
- (5) Verify ages of residents at the end of the period, Schedule of Residents.
- (6) Verify annuity factors listed on Schedule of Residents. (Check from McClintock's Values of Annuities.)

IIB - OFFICE PROCEDURE  
300. OFFICE AUDIT REVIEW AND CHECK

300.2 (continued)

- (7) Verify computations and additions on all subsidiary schedules affecting cost of operations (Section G), and check amounts carried forward to the Statement of Cost of Operations. The Schedule of Depreciation is the most frequent one in this category.
- (8) Add items shown on Statement of Operating Costs.
- (9) Verify per capita cost as stated on the Statement of Statistics. (Total cost of operations divided by average daily attendance equals annual per capita cost.)
- (10) Verify per capita cost of depreciation on the Statement of Statistics. (Same procedure as in (9) above.)
- (11) Verify monthly computations of per capita cost. (Annual per capita cost divided by 12 equals monthly per capita cost. Follow this same procedure for checking monthly per capita cost of depreciation.)
- (12) Check all data pertaining to residents carried from the Schedule of Residents to the Statement of Statistics.
- (13) Verify extensions on Schedule of Residents showing probable cost of care. (Annuity factor multiplied by per capita cost (including depreciation) equals probable cost of care.)
- (14) Total all items of this column to check footing.
- (15) Compare total of amount of necessary reserve with this amount as shown on the Schedule of Amount Available from Reserve (Section F, next to last column). Verification of individual computations unnecessary if the totals coincide.

Any changes affecting the totals mentioned in steps 13, 14, and 15 affect the balance sheet, general comments and recommendations (Section I) or amount available from reserve schedule. Corrections must be followed through.

- (16) Verify reserve computations beginning of period (Col. 4) on amount available from reserve (Section F). Check total amount. (Annuity factor times per capita cost excluding depreciation - unless report for previous period has been made.)
- (17) Check last column of this schedule, amount available from reserve for operations. (Column 4 - Column 9 - Column 10). Corrections must be followed through because they affect income, condensed statement of income and expense (Section E), and general comments and recommendations (Section I).



IIB - OFFICE PROCEDURE  
300. OFFICE AUDIT REVIEW AND CHECK

300.2 (continued)

- (18) Check statement of income to see that the correct amount available from reserve has been carried forward from the schedule of amount available from reserve. If insufficient liquid assets are on hand to cover this amount, a comment to this effect must be shown on the schedule and in the general comments.
- (19) Check additions on all subsidiary income schedules and verify amounts carried forward to statement of income.
- (20) Check additions on the statement of income.
- (21) Verify amounts carried from the statement of income to the condensed statement of income and expenditures (Section E).
- (22) Verify amounts carried from the statement of operating costs to the condensed statement of income and expenditures.

Note: All items appearing on both the statement of income and statement of operating costs will not be checked off because all items will not be supported by subsidiary schedules.

- (23) Check additions and subtractions on the condensed statement of income and expenditures.
- (24) Check additions on all subsidiary schedules of the balance sheet (Section D) and verify all amounts carried forward to the balance sheet.
- (25) Check depreciation figures on balance sheet to schedule of depreciation (Section G).
- (26) Check reserve for life care, probable cost of care, and value of use of buildings shown in the liabilities section of the balance sheet to the totals on the schedule of residents (Section H), last two columns, (Probable cost of care less necessary reserve equals value of use of buildings.)
- (27) Check all figures contained in general comments and recommendations against the various schedules from which they have been taken.

It is suggested that office audit checks be made with a red pencil.

IIB - OFFICE PROCEDURE  
300. OFFICE AUDIT REVIEW AND CHECK

300.3 Typing and Proofreading: After accounting for all material comprising the report and checking the financial schedules for mathematical accuracy, the complete report is transmitted to the employee of the Institutional Audit Unit in Sacramento for typing. The typed material is proofread before the report is assembled in final form.

300.4 Checking for O.A.S. or Blind Aid Recipients: Upon receipt of the report in Sacramento, the schedules of attendance are sent to Index where all residents are checked against the card index of aid recipients to determine which life care residents, if any, and other residents, receive O.A.S. or Blind Assistance. This operation is of significance only in instances where:

- (1) Life care residents are receiving aged or blind aid;
- (2) The per capita cost of the institution exceeded \$50.00 a month prior to August 4, 1943 and furnished care to aged aid recipients on a monthly basis prior to that date;
- (3) The per capita cost exceeds \$83.33 and the institution furnishes care to recipients of Blind Aid on a monthly basis.

Index furnishes cases covering residents coming within either of the categories mentioned in the previous paragraph and a memorandum is submitted to the Bureau of Office Audits containing information as follows: case number, name of recipient, his birthdate and birthplace, name of the institution, per capita cost and audit period, date of recipient's entrance to the home, and his status (life care or boarder). See Form No. DFA 185.

The purpose of this procedure is to furnish facts which have a bearing on the eligibility of the aid recipient to future aid payments.

300.5 Release and Distribution of Reports: Seven copies are prepared of all institution audit reports which are released as follows:

- (1) Supervisor, Institutional Audit Unit
- (2) Director, State Department of Social Welfare
- (3) Departmental Accounting Officer
- (4) Institution
- (5) Child Welfare Division
- (6) Bureau of Institutional Audits (Sacramento)
- (7) District Office

Reports covering institutions are released immediately upon being assembled as indicated in the previous paragraph.



IIB - OFFICE PROCEDURE

300. OFFICE AUDIT REVIEW AND CHECK

300.5 (continued)

Three copies are sent to the Supervisor of the Bureau of Institutional Audits, who distributes one copy to the institution with a letter of transmittal attached, one copy to the district office, and retains one copy for his San Francisco file.

The report submitted to the Director and to the Child Welfare Division covering a life care institution should be released at least one week prior to the date of the Social Welfare Board meeting. This will allow the Director and the representative of the Child Welfare Division a reasonable length of time to familiarize themselves with the nature of recommendations contained in the report. The report should also be available for possible reference during the Board meeting.

300.6 Agenda Material for Actions Meeting: All recommendations for certificates of authority to enter into life care contracts must be approved by the State Social Welfare Board after the organization under consideration has been licensed by the State Department of Social Welfare. Inasmuch as the Social Welfare Board meets once a month, recommendations must be submitted by the Bureau of Field Audits of Private Institutions in time for consideration during the Actions meeting which generally takes place the first week of each month in the Sacramento office.

300.7 Placement on Social Welfare Board Agenda: The actual placement of a life care home on the Social Welfare Board agenda for action on the recommendation of granting an initial or renewal certificate of authority is handled by the Child Welfare Division. This division should be notified of contemplated action on certification by the Bureau of Field Audits of Private Institutions around the first of the month in order that recommendation material may be offered during the Actions meeting.

300.8 Application for Certificate of Authority: Before issuing the certificate of authority, an application for certificate of authority must be on file in the offices of the State Department of Social Welfare. Application forms in quadruplicate should be mailed to the institution approximately two months preceding the renewal date of the certificate or the date recommendation for granting an initial certificate is to receive Board action. Three completed copies are returned to the San Francisco office of the State Department of Social Welfare, one copy each for the Institutional Audit Unit, Sacramento Index, and the district office. The fourth copy is retained by the institution for its files.

IIB - OFFICE PROCEDURE  
300. OFFICE AUDIT REVIEW AND CHECK

300.9 Certificate of Authority: Following the approval by the Social Welfare Board to recommend the granting of a certificate of authority to a life care institution, notification to this effect is received by the Bureau of Field Audits of Private Institutions from the Child Welfare Division.

300.10 Distribution of Certificate: Upon receipt of this notification, a certificate of authority is mailed to the institution together with a letter of transmittal. Carbon copies of both the certificate and letter of transmittal are submitted for departmental reference as follows:

- (1) District office (San Francisco or Los Angeles)
- (2) Sacramento Index
- (3) Child Welfare Division (transmittal letter only)
- (4) Departmental Accounting Officer (transmittal letter only)
- (5) Supervisor, Institutional Audit Unit,  
San Francisco office

A sample certificate of authority is included in Section III, Forms, which follows.



### III - FORMS

#### IIIA - FORMS, THEIR PURPOSE

400. LIST OF FORMS AND PURPOSE: Various forms have been found helpful in carrying out the work of auditing the accounts of an institution and compiling all necessary data into a final report. These are listed as follows with a brief explanation of their purpose. Sample forms, also a sample audit report, are included in this section for reference.

400.1 Work Chart: This form lists the various steps necessary in auditing the accounts of institutions.

400.2 Case History Sheet, Aged (Form DFA 177): Pertinent data concerning each resident of an aged home is noted on this form.

400.3 Case History Sheet, Children (Form LA Aud 2): This form contains similar data as the aged form DFA 177.

400.4 Day Chart: This chart shows the number of each day of the year and the number of days following. It is used to compute the number of days guests resided in the home during the period under review.

400.5 McClintock's Values of Annuities at  $2\frac{1}{2}\%$ : This table is used to compute the probable cost of care and necessary reserves of all life care residents of an institution.

400.6 Index Audit Work Papers (DFA 170): All material compiled on an institutional audit report is listed on this form under the various captions provided.

400.7 Weekly Time Report of Field Auditors (Form DFA 24): This form is used to record the detail of work performed each day for weekly periods.

400.8 Application for Certificate of Authority (Form AI-11): This form is sent out in quadruplicate to life care homes. Three copies are returned to the San Francisco office of the Bureau of Institutional Audits.

400.9 Certificate of Authority (Form AI-8): This document is sent to life care institutions whose application for either an initial or renewal certificate of authority has been approved by the Social Welfare Board.

400.10 Summary of Financial Report (Form DFA 179): This form contains certain financial data extracted from the financial report of an institution. It is sent out for immediate reference after the field report has been checked in the San Francisco office and while the report is in process of completion. Four copies are prepared, which are released as follows:

IIIA - FORMS, THEIR PURPOSE  
400. LIST OF FORMS AND PURPOSE

400.10 (continued)

- (1) Sacramento Index
- (2) District Office
- (3) Institutional Audit File, San Francisco
- (4) Institutional Audit File Los Angeles  
(Southern California homes only)

400.11 American Table of Mortality, Men: This schedule is included in initial financial reports for reference purposes.

400.12 Female Life Expectancy Table: This schedule is included in initial financial reports for reference purposes.

400.13 Eligibility Data of Aid Recipient in Private Institution (Form DFA 185): This form provides a means of reporting on any resident whose eligibility for future assistance payments is questioned.

400.14 Audit Report: A sample audit report containing representative material of an audit of a life care institution has been included for ready reference.